IN THE MATTER

OF THE

LIFE INSURANCE

AND

ALLEGED DEATH

OF

WALTON DWIGHT.

REPORTS, LETTERS, PAPERS

AND

TESTIMONY BEFORE THE CORONER'S INQUEST HELD IN BINGHAMTON, APRIL AND MAY, 1879.

STENOGRAPHIC REPORT OF GEORGE E. MILES.

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DR. CHAS. H. PORTER'S REPORT. 1

ALBANY, NEW YORK, Nov. 8th, 1878.

JOHN E. DE WITT, Esq.,

President Union Mutual Life Ins. Co., of Me.:

Sir,—At the request of Mr. B. F. Winship, your agent in this City, I went to Binghamton, on the evening of the 6th inst., to examine into the matter of Mr. Walton Dwight, for the purpose of ascertaining as far as possible the cause and nature of Mr. Dwight's illness, his present condition and the probable result of his sickness. In this report I have avoided any reference to the moral circumstances connected with the case, and have considered it from a purely medical point of view. 2

The information upon which my conclusions are based are derived—

1st. From the statements of his attending physicians, Drs. George Burr and John G. Orton, of Binghamton, New York.

2d. From the notes of the case, as furnished by Dr. George Burr, a copy of which is appended.

3d. From the statements made by Mr. Dwight to me, and

4th. From my examination of Mr. Dwight. 3

Upon my arrival at his house, in company with Dr. Burr, Mr. Dwight expressed himself as willing to give me any information he possessed regarding his case, and to submit himself to such examination as I desired.

4 I found Mr. Dwight in bed, complaining of debility and nausea; he stated that he had vomited once that morning, and felt like vomiting again; he gave me his age as forty-one (41) years; his height as six feet two inches (6 ft. 2 in.); his ordinary weight as two hundred and twenty pounds (220 lbs.).

He stated that he was usually in very good health; that last spring he was ill for a few days while in Chicago, Ill.; that at that time he had had nausea and pain; that he attributed that illness to change of climate, and that his attending physician called upon him about four times.

Ordinarily, he stated, he was very active and vigorous, doing as much work, mental and physical,
5 as half a dozen men ought to do; that in the latter part of the season just passed, he had devoted several weeks to partridge shooting, and had tramped freely over the country, in the neighborhood of Windsor, N. Y.; that he was in the habit of drinking water freely, and on these excursions had done so, taking such water as he could find in brooks, springs, &c.; that these were low, and often the water was none of the best; he attributed his illness largely to the use of the waters mentioned, and to the fatigue and exposure incident to the excursions.

He stated that this illness commenced with pain and nausea; that soon after he went to Binghamton and put himself under the charge of Dr. Burr, who had
6 continued to treat him. Aside from the debility and nausea to which allusion has been made he complained of pain in his abdomen, principally upon the left side, just below the ribs and extending downwards. It was very tender to the touch. He complained of pain when the parts were examined by me. He stated that this pain and tenderness was not constant, but varied greatly in degree, being at times almost absent and at other times very intense. He stated that his bowels were not loose, and that Dr. Burr had deemed it advisable to give him cathartics several times during his illness. His urine was passed without difficulty, and was apparently the same as usual, though

possibly of a higher color than ordinarily. That he 7
could take but little nourishment, owing to his nausea. Had taken nothing that morning (November 7th; time of my visit 8:45 A. M.). That Malaga grapes seemed to suit him better than anything else, and that he had eaten some the day before. He spoke of several attacks that he had had during his illness, amounting in number to four or five (these are more particularly mentioned hereafter, and were called by Dr. Burr "congestive chills.") He said that on the last occasion (the last attack or chill), which occurred on the previous Saturday, when he recovered consciousness he was, he believed, in a very dangerous condition; his finger-nails were blue; and that, while he believed that he might recover from his illness, yet he doubted 8
whether, in his weakened condition, he could survive another such attack. He also complained of sleeplessness.

On examination I observed that his *countenance* was apparently natural, not pallid; some color in his cheeks and lips. *Eyes.*—The conjunctivae were congested; the pupils, normal in size, readily reacting. *Tongue.*—Covered with a white coating, excepting near the tip, where it appeared almost natural. *Skin.*—Of about normal moisture and temperature (Dr. Burr stated to me that his temperature throughout his illness was always ab ut normal). *Pulse.*—Seventy-four; steady; regular; very feeble. *Heart.*—Sounds normal; distinct; regular; feeble. *Respiration.*—Natural; full; 9
about twenty. *Lungs.*—Auscultation and percussion revealed nothing abnormal. *Liver.*—Apparently normal. *Spleen.*—On account of his alleged tenderness on pressure could not determine whether of natural or abnormal size. *Abdomen.*—Not tympanitic; of natural consistency. His *voice* was clear; enunciation distinct; his manner vigorous. He expressed his ideas with readiness, clearness and force.

Drs. Burr and Orton stated to me that it had been their opinion, and was yet, that the illness of Mr. Dwight was of malarious origin. Dr. Burr stated that he believed that the pain of which Mr. Dwight

10 complained of in the abdomen was neuralgic, not inflammatory; that the attacks were congestive chills, accompanied with great prostration, rigors, &c.; that Mr. Dwight had had four or five attacks, the last being most severe, and of a dangerous character; that if he had no others, there was a strong probability of his recovery. The medicines given by Dr. Burr are stated in his notes. Besides calomel, opium, morphia, there was given quinia sulphate, which was not well borne, and that later, commencing on the 5th inst., he had given him Fowler's solution—arsenite of potash solution—in five minim doses, about four times a day, and also Gelseminum (sempervireus).

11 *Conclusions.*—My opinion, based upon the information obtained as above, may be expressed as follows:

1st. It appears to me most probable, considering Mr. Dwight's previous attack in Chicago and his exposure during his hunting at Windsor, that his present illness is of malarious origin.

2d. That even supposing such to have been its origin, the symptoms do not wholly negative the theory that some irritant poison may have been taken at times.

3d. That if such irritant had been taken, a chemical examination of the urine might detect it. Of course,
12 arsenic having been administered medicinally, its discovery in the urine would be a matter of course.

4th. That the symptoms, as reported, cannot, in my opinion, be accounted for on the theory of chronic poisoning.

5th.—That there is a strong probability of the recovery of the patient.

Very respectfully, &c.,

(Signed) Chas. H. Porter.

13

NOTES OF THE ILLNESS OF MR. WALTON DWIGHT, MADE BY DR. GEORGE BURR, AND GIVEN TO DR. C. H. PORTER, NOVEMBER 7TH, 1878.

Friday, October 11th.—Col. Dwight called at my office saying that he had just returned from Windsor, where he had been spending two weeks or more, and that he was sick. He said that while at Windsor, he had exercised actively in hunting. He complained of disordered stomach. Nausea, loss of appetite, and severe pains, seated apparently under the false ribs on the left side which were aggravated on lying down. This commenced on the Tuesday preceding. He further complained of inability to sleep, said that he had had no rest for three previous nights.

14

Diagnosis.—Biliary derangement, pains, neurotic, prescribed pulv. opii two grains, calomel, grs. iv. Divided into two powders, one to be taken early in the evening, the other at bedtime.

October 12.—Col. Dwight again called. He reported that the calomel favorably acted on his bowels, but that the opium failed to produce sleep. Prescribed morphia sulphate, one grain, to be divided into four powders, one to be taken at a dose, to be repeated as might be necessary.

October 13.—I visited him at the Spaulding House. He was sitting up dressed, pain relieved, but had not slept. No febrile reaction, pulse normal. Both sounds of heart heard distinct and normal. Gave him fifteen drops Magendie's solution at 3 P. M., with direction to repeat at 10 if necessary, also solution of bromide of potassium one drachm to fluid ounce (dose, 7.5 grains).

15

October 14—8:30 A. M.—Patient had passed a comfortable night, had slept considerably, tongue less coated, skin moist, had no movement of the bowels. Gave calomel six grains, and solution of bromide of potassium, one fluid drachm each hour, temperature

16 at 9 A. M., as ascertained by Dr. D. S. Burr, 98 degrees.

October 15th at 3:15 A. M.—Was in bed, had not had a comfortable night—could not sleep, was going out of town myself.

3:30 P. M.—The Colonel expressed himself as better, and had determined to go to New York which he did on October 15th, at 11 P. M.

October 18.—Next saw Colonel. Dr. D. S. Burr visited him on the 17th. He came up on the night of the 16th. He complained that the trip had tired him very much, had been quite sick, nausea, vomiting, &c.

November 1.—Since last date have been in daily attendance on patient. Symptoms, sleeplessness,
17 entire want of appetite, loathing of food, vomiting frequently of contents of stomach, mostly drinks that he had taken.

The last few days there were many indications of amendment. Less nausea, more tolerance of medicine —less repugnance for food. The day before was sitting up dressed, and expressed himself as feeling much better than at any previous time since his attacks.

On rising from his bed this morning, he went to the outer door to admit the boy who made his fire, when he suddenly became faint, and fell back upon his bed unconscious.

18 The symptoms were those of a congestive chill. Stimulants and other restoratives were employed, and in the course of an hour he was able to speak.

(In reply to questions Dr. Burr added C. H. P.)

Between October 18th and November 1st tried quinine in solution and in powder.

Gave Gelseminum to quiet his nerves. It seemed to do well. He recognized it, having taken it in Quebec, when he was sick.

November 5th.—Gave Fowler's solution, five minim doses about four times per day.

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[*Letter received by C. H. Porter from Geo. Burr.*]

BINGHAMTON, Nov. 9th, 1878.

Dear Doctor,—Col. Dwight's expected chill this morning was punctual and came on at the time with the regularity of an eclipse of the sun. It was, however, wanting in more than half the severity of a week ago. It manifested itself this morning more particularly by severe abdominal pains, much less vomiting and more of the severe prostration formerly observed. We prepared for it yesterday, and late in the evening administered Majendie's solution of morphia both internally and hypodermically. At about two o'clock A. M., Dr. D. S. Burr was called on account of the increasing pain, when he renewed the doses of morphia. 20

This morning before nine o'clock I saw him. There was full reaction, but some abdominal pain and considerable nervous disturbance. Thus the matter stands. I think this morning's experience verifies the Diagnosis we have made as to the essential features of the case, and we will see what another week will do.

With kind regards, I am,

Truly yours,

GEO. BURR.

Dr. C. H. PORTER.

21

[*Letter received by C. H. Porter from Geo. Burr.*]

BINGHAMTON, Nov. 16th, 1878.

Dr. C. H. PORTER.

Dear Doctor,—I regret to inform you of the death of Col. Dwight, notwithstanding all of our efforts at the period of the recurrence of the expected chill. At about twelve o'clock last night he suddenly and without any premonition sank away and died.

He had been very comfortable during the day, and at evening said to Dr. D. S. Burr that he felt unusually

comfortable. His wife had retired to her room, leaving him in charge of a young man who was to sit up with him during the night. While sitting in the front room the young man heard an unusual sound, and looking in, he found the Colonel just breathing his last, so suddenly he yielded to the fatal influence from which he was suffering.

Now, as regards an autopsy—the Colonel gave full directions that it be made in case he did not get well. I desire, however, that some one like yourself be present, representing the insurance companies, so that no imputation of unfairness or partiality can be made.

The circumstances are so peculiar. If you can come by the night's train to-night, we can have the whole of Sunday for examination.

In haste, yours,

(Signed) Geo. Burr.

AUTOPSY OF COL. W. DWIGHT, 24

Nov. 18, 1878, AT 9.15 A. M.

Body put on ice Nov. 16, 1878, *at* 11 A. M.

Anterior surface of body.—Cicatrix on external aspect of left thigh, about its middle, probably from a gun shot wound.

Dr. Swinburne notes a heavy indentation extending upwards and backwards from os-hyoides to right around back of neck, and on left side below the thyroid cartilage, running upwards and backwards at an angle of about 45 degrees. Drs. Swinburne and Ayre think this is caused by the bending of the head and neck backwards. 25

Posterior aspect of the body.—Posterior aspect of left thigh at its middle, another cicatrix as from a bullet.

Postmortem discoloration of posterior portion of body.—Several small ecchymosis of skin of back and shoulders; anterior part of right arm, small ecchymosis.

Inner surface of scalp and outer surface of calvarium, nothing to note. Dr. Swinburne notes fluid blood oozes from vertex of skull on removal of calvarium. 26

Skull cap of normal thickness and density. Inner surface of skull cap normal.

Dura mater, external surface adherent to skull; pacchionian bodies unusually large and project through the dura mater.

Dr. Swinburne wishes to note the oozing of blood from dura mater opposite point in skull where it oozes.

Inner surface of dura mater in left side chronic hæmorrhagic pacchy-meningitis, with a small extravasation of blood on the left side over the posterior

27 portion of the parietal and anterior portion of occipital lobes.

Pia mater of convexity, normal, except discoloration over occipital lobes from blood.

Base of skull, dura mater normal.

Base of brain, pia mater normal, anterior, middle and posterior cerebral arteries normal. Ventricles of brain normal.

Substance of cerebral lobes normal as to color and consistence, except that the gray matter is a little darker than usual. Brain neither congested nor anaemic.

Corpora striata, optic thalami, corpora quadrigemina and medulla oblongata, normal.

28 Weight of brain, three pounds and four ounces.

Body.—Rigor mortis well marked, thick layer of subcutaneous adipose tissue. Muscles well developed, good color. Omentum thickly loaded with fat. Abdominal viscera in normal position, except the liver, which is pushed upwards, and the pyloric end of the stomach, which is lower than it should be.

Thorax, lungs and heart in natural position, except that the lungs are unduly inflated, and that the right lung extends a little to the left of the median line.

Left pleural cavity, old adhesions; about four ounces of serum in bottom of pleural cavity.

Right side, no adhesions; about four ounces of clear serum. Amount of serum estimated, not measured.

29 Pericardium normal.

Left lung one pound and three-quarters. Bronchi congested and coated with mucus. Upper lobe congested and œdematous. Lower lobe still more congested and œdematous.

Right lung two pounds; bronchi congested and coated with mucus. Upper lobe at the apex several small fibrous nodules, probably the result of old pulmonary phthisis. Rest of upper lobe congested and œdematous. Middle lobe normal; lower lobe congested and œdematous.

Heart, weight 15 ounces. Right ventricle contains

a little fluid blood, not over one-half ounce. Pulmonary valves a little thickened at their attached edges; otherwise normal. Cavity of right ventricle about normal size; walls three-sixteenths inch thick. Tricuspid valve slightly thickened. Endocardium of right ventricle and auricle normal. Left ventricle contains a little fluid blood, not over one-half ounce. Aortic valves a good deal thickened at their attached edges. Wall of left ventricle three-quarters inch thick; cavity normal size; endocardium normal. Left auricle contains a little clotted blood. Mitral valve thickened; papillary muscles, slight increase of fibrous tissue. 30

Spleen; weight three-quarter pound; normal in color; consistence a little soft.

In a washbowl, rinsed out clean, the stomach was placed before opening. The stomach contains a considerable amount of a thick grayish fluid, containing portions of undigested food. The contents of the stomach were then placed in three jars, half in one, one-quarter in each of other two. 31

The stomach at the fundus, mucous membrane softened and partly destroyed by postmortem changes. Pyloric end of stomach mucous membrane studded with small white spots, denoting chronic gastritis.

The stomach was then divided and placed in the three jars, sealed and labled, "stomach of W. Dwight, November 18, 1878."

Large intestine, contains fæces. Solitary glands slighty swollen throughout its entire length. Mucous membrane not congested. 32

Portions of large intestine were then placed in glass jars, three in number, sealed up and labeled, "large intestine of W. Dwight, Nov. 18, 1878."

Small intestine, contains a moderate amount of fluid fæces.

The duodenum a little congested and a little swelling of its solitary glands in its upper part.

Jejunum, upper part, mucous membrane not congested; a single agminated gland swollen.

Ileum, upper part moderate congestion and some increase of mucus. Agminated glands a little swollen.

33 Lower portion of the ileum general congestion and pretty marked swelling of the solitary and agminated glands.

Portions of small intestine placed in three glass jars, sealed and labeled "small intestine of W. Dwight, Nov. 18, 1878."

Liver, four pounds fifteen ounces. Congested more than usual; normal color and consistence.

Ureters both normal.

Left kidney, six ounces. Uniformly congested; capsule slightly adherent to surface of kidney. Surface of kidney normal to naked eye.

Right kidney, weight seven ounces. Marked general congestion; capsule slightly adherent; surface smooth.

34 No evidence of disease.

Bladder normal.

Tongue coated, papillæ swollen, tonsils normal for an adult.

Pharynx normal.

Epiglottis, larynx and trachea congested and coated with mucous.

Portions of liver and kidneys were placed in glass stopped bottles, and sealed and labeled, "liver and kidney of W. Dwight, Nov. 18, 1878."

Peritoneum normal.

Report of this autopsy read before those present, and no objection made thereto.

35 Dan S. Burr, Geo. Burr, J. G. Orton, John Swinburne, Fred. Hyde, W. L. Ayer, J. H. Chittenden, C. B. Richards, John W. Cobb, D. Post Jackson, W. B. Lane, Lansing Griffin, T. L. Brown, A. Comstock, Francis Delafield.

[*Special Report of Francis Delafield.*] 36

JAMES W. ALEXANDER, Esq.,
Vice-President of the
Equitable Life Assurance Socy.:

Dear Sir,—In accordance with your request I went to Binghamton on the night of November 16th. On November 17th, I saw Drs. Burr, Sen. and Jr., who were the physicians in attendance on Mr. Dwight, and Dr. Orton who saw him in consultation.

There is an uncertain history of his having raised blood once two years ago, and of his having had an attack of vomiting last spring, continuing for three weeks. Except for these reasons there is no history of disease until the present attack. The account given by the Drs. Burr, is as follows : 37

On October 11th, 1878.—Mr. Dwight returned from Windsor, where he had been hunting for three weeks, and called on Dr. Burr. He said that during the three or four previous days he has suffered from colicky pains, and had on one occasion vomited.

On October 11th, he complained of loss of appetite, nausea, pain under the false ribs on the left side and sleeplessness. The doctor supposed that he had bilious derangement of the stomach, and gave him some calomel and opium.

October 12th, his condition was the same, except that the calomel acted on his bowels. He was ordered sulphate of morphia in doses of one-fourth grain to be repeated as needed. 38

October 13th.—He remained in his room, in much the same condition. More morphia and bromide of potassium were ordered.

October 14th.—More comfortable.

October 15th.—Same condition; in the evening got up and went to New York by the night train.

October 16th.—Came back from New York much worse, having vomited repeatedly on the cars.

November 1st.—Since the last date has remained in

bed most of the time, sleepless, loathing of food, frequent vomiting of fluids and solids.

November 1st.—Got out of bed early in the morning, and became so ill that the doctor was sent for; the doctor found him sitting up gasping for breath, with livid face; he was, however, emerged from this condition.

From November 2d till November 7th he was more comfortable, but still vomited frequently.

From November 7th till November 9th the pain in the abdomen was very severe.

From November 9th till November 14th less pain; vomiting continued; was losing strength.

November 14th.—Pain again severe; morphine was given in large doses, as much as two grains at a dose, but no poisonous symptoms were produced.

November 15th.—In the afternoon and evening was more comfortable; about 11 P. M., died suddenly. His pulse and temperature were always normal; his intelligence was good. During the first week of his illness he took quinine, but vomited it. During the last two weeks he took Fowler's solution in five-drop doses four times in the twenty-four hours, except on one day, when he took the same dose every three hours. The last two days he took none. He did not vomit the Fowler's solution.

Dr. Burr believed that he was suffering from malarial poisoning and that he died in a congestive chill.

Dr. Orton first saw Mr. Dwight in consultation on November 2d. He found him in bed, pulse and temperature normal, skin moist, tongue coated, face florid. He examined the heart and lungs and found them normal. He attempted to examine the abdomen, but the patient complained of tenderness and would not permit it. The urine was normal, and contained neither albumen nor sugar.

From November 2d till November 7th the patient remained in the same condition, vomiting frequently.

November 7th.—In the afternoon he began to have pain in the pit of the stomach, extending down on both

sides. The pain continued until Saturday, November 9th, ending in a condition of extreme prostration; pulse not over 70 at any time; urine during the paroxysm of pain was loaded with urates. 42

From November 9th till November 14th more comfortable.

November 14th.—The pain came on in the same way; Dr. Orton saw him last on November 16th, at 5 P. M.; the patient was then quiet and comfortable; the patient began to take Fowler's solution on November 4th; during the severe pain morphine was given in large doses by the mouth and hypodermically; there were no evidences of opium poisoning; the bowels were always constipated, unless moved by medicine. 43

Dr. Orton's opinion is that these paroxysms were congestive chills, and that the patient died in a congestive chill.

It is evident from these statements that the case was a very obscure one.

The prominent symptoms were:

1st. Loss of appetite, nausea and vomiting of food.

2d. Sleeplessness.

3d. Pain over the abdomen, worse on Thursday and Friday of each week.

4th. Two attacks of extreme dyspnœa and lividity of the face; the first attack on November 1st, of short duration; the second attack on November 15th proved fatal.

The pulse was never over 70, nor the temperature over 98½. 44

The bowels were constipated.

These data are not sufficient for a diagnosis of disease, but it seems plain that the two attacks on November 1st and November 15th were not congestive chills, but were due to sudden feebleness of the heart; in the second attack the heart ceased to act.

It is hardly possible for any severe form of remittant or intermittant fever to continue for three weeks without any change in the pulse or temperature.

The three physicians mentioned were in constant

45 attendance, seeing the patient every few hours, they entertained no suspicion of the illness or death being due to any but natural causes.

The autopsy was entirely made by myself in the presence of Drs. Burr, Orton, Swinburne, Hyde, Ayer, Chittenden, Richards, Cobb, Jackson, Lane, Sniffin, Brown, and Comstock.

I dictated the appearances seen to Dr. Burr, Jr., and after the the autopsy the report was read to the gentlemen mentioned, agreed to and signed by them. I enclose this original report of the autopsy.

The autopsy was commenced on November 18th, at 9:15 A. M., and completed at 1 P. M.

46 The important facts shown by the autopsy were these :

1. Chronic inflammation of the dura mater.
2. The large development of fat in the body.
3. The existence of serum in the pleural cavities.
4. The bronchitis, and the congestion and œdema of the lungs.
5. The condition of the heart, small in proportion to the size of the man, its cavities almost empty, its walls, as ascertained by subsequent microscopic examination, somewhat degenerated.
6. The condition of the spleen, increased in size, and soft.
7. The existence of chronic inflammation of the
47 stomach, and the absence of acute inflammation.
8. The swelling of the solitary and agminated glands in the lower end of the small intestine, and the swelling of the solitary glands throughout the large intestine.
9. The congestion of the liver and kidneys.

Portions of the stomach and its contents ; the large and small intestines and their contents ; of the liver and kidney, and some blood from the liver, were placed in three sets of clean glass jars, and sealed. One such set was in my actual possession until I delivered it to Dr. Edward Curtis.

The conclusions to be drawn from the autopsy are these : 48

1. There was no evidence of the action of any irritant poison, although the condition of the stomach and intestines did not exclude the *possibility* of such poisoning existing.

2. The immediate cause of death was paralysis of the heart.

3. There was no evidence of the existence of malarial poisoning.

4. The condition of the spleen, of the agminated glands in the ileum, and of the solitary glands in the small intestine would suggest the possibility of the patient's being in the prodromic stage of typhoid fever. 49

The serum in the pleural cavities would indicate the existence of feeble action of the heart. The bronchitis would indicate the same condition.

The chronic inflammation of the dura mater, and the undue amount of fat in the body indicate that the general nutrition and health of the body had not been good.

Neither the medical history of the case nor the autopsy give evidence of the existence of any but natural causes of death.

They give no evidence that at the time when he was insured he could have been conscious that his health was not good.

50

(Signed.) Francis Delafield.

Nov. 19th, 1878.

51 (Copy.)

STATE OF NEW YORK, }
St. Lawrence County, } ss.:

Benjamin F. Sherman, being duly sworn, deposes and says: That he resides in the City of Ogdensburgh, New York; that he is a physician and surgeon, and has practiced his profession in the County of St. Lawrence for thirty-eight years last past; that he has been a member of the State Medical Society of the State of New York since 1869; that he was Vice-President of said Society during the year 1871.

Deponent further says, that he has carefully read and considered the paper hereto annexed, marked
52 Exhibit "A," purporting to be the autopsy on the body of Walton Dwight, and that, in the opinion of deponent said autopsy does not show any cause for the natural death of said Walton Dwight.

B. F. SHERMAN.

Sworn to before me, this 19th }
day of March, 1879, }
[L. S.] JOSEPH ROY,
Notary Public.

To Dr. C. B. RICHARDS, one of the Coroners of the County of Broome:

You will please to take notice, that on or about the
53 15th day of November, 1878, one Walton Dwight died suddenly, at the Spaulding House, in the City of Binghamton in said County, and you are requested to make inquisition concerning such death in the way and manner required by the laws relating to Coroners and their duties. You are referred to the affidavits of Dr. Benjamin F. Sherman and W. F. Winship, delivered to you with this notice.

Dated Binghamton, March 27th, 1879.

W. F. WINSHIP,
D. S. RICHARDS.

STATE OF NEW YORK, } ss. :
County of Broome, }

W. F. Winship, being duly sworn, says: He is aged thirty-one years; that his office and place of business is in the City of Albany, N. Y., and has been for over one year last past; that in the month of November, in the year 1878, he visited the City of Binghamton, N. Y., with a view, if possible, and so far as he could to ascertain the then condition of Col. Walton Dwight, who was reported seriously ill, and the prospects of his recovery; that he did not see Col. Dwight, but saw his physician and others who claimed to know his condition; that on the 7th day of said November, deponent, from all the information he had obtained and circumstances learned and known, was of the opinion that said Dwight would not recover from his illness, but would die of the same; that his death would be caused by poison he was obtaining or had obtained, and which he took and was taking at said time; that deponent communicated this opinion to others, and amongst such others, to D. S. Richards, an attorney of the Supreme Court, residing at Binghamton; that at deponent's request said Richards visited or called upon the wife of Col. Dwight, as he believes; that on the same day said Richards informed deponent that he had seen Mrs. Dwight, and informed her that there were suspicions that her husband was committing suicide by slow poison or otherwise; that when deponent first learned of the death of Col. Dwight, it was his belief, and he does now believe, that he had caused his own death intentionally, and that he did, in said month of November, 1878, at Binghamton, aforesaid, wilfully commit suicide, but in what particular way or manner is to him unknown.

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Deponent further says that he has advised with eminent medical men since the death of Col. Dwight, who were acquainted with the autopsy made at the post-mortem examination before burial, and such men express to him that it is their belief that the autopsy does not disclose sufficient cause for a natural death;

57 that he is also informed and believes that no post-mortem examination has been made of the spine of the deceased, nor any microscopical examination of the brain, and deponent is advised, and believes that such examination can now be made if the body be exhumed, and that it is likely that by a further examination important facts will be disclosed bearing upon the cause of the death of Col. Dwight not now known.

W. F. WINSHIP.

Sworn to before me,
March 27th, 1879.

ROBERT E. PRINCE,
Notary Public.

58

STATE OF NEW YORK,
St. Lawrence County. } ss.:

Benjamin F. Sherman, being duly sworn, says, deposes and says, that he resides in the City of Ogdensburg, New York; that he is a physician and surgeon, and has practiced his profession in the County of St. Lawrence for thirty-eight years last past; that he has been a member of the State Medical Society of the State of New York since 1869; that he was Vice-
59 President of said society during the year 1872.

That he has studied the autopsy of Col. Walton Dwight. That from such study he verily believes the autopsy was carelessly made, and that it is not in deponent's opinion too late to make a far more satisfactory autopsy.

B. F. SHERMAN,

Sworn to before me this 14th
day of April, 1879,

JOSEPH ROY,
Notary Public.

STATE OF NEW YORK, }
Albany County, } ss. :

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John Swinburne, being duly sworn, says: That he is a physician and surgeon, residing and practicing his profession in the City of Albany, New York; that on or about the eighteenth day of November, 1878, deponent was present, in the City of Binghamton, New York, at an autopsy held upon a corpse, alleged to be that of Walton Dwight; that the autopsy was principally conducted by Drs. Francis Delafield and George Burr; that deponent, although present, was not consulted. Deponent further says that the autopsy made does not account for the death of the person upon whose body it was made from natural causes, but so far as it disclosed a cause of death, points to the death of the person whose corpse was examined by self-murder; that the autopsy was neither carefully nor thoroughly made; that no evidence was taken at the autopsy as to the facts connected with the death; that the corpse examined was that of a person who had died suddenly, in good flesh, with all the vital organs in good condition; that deponent verily believes that the person upon whose dead body said autopsy was made at Binghamton, aforesaid, did not die of malarial fever, congestive chills, paralysis of the heart, nor of any disease, but, on the contrary, by unlawful means. Deponent further says that he verily believes that it is not too late to hold and make a satisfactory inquest, and that by and from a careful inquest the cause of the death of the person whose corpse was so examined can be satisfactorily determined. Deponent further says he was in the City of Binghamton on the 27th day of March, 1879, and then and there had an interview with Dr. Charles B. Richards, one of the coroners of Broome County, New York, and the only one of the said coroners residing in the City of Binghamton; that in said interview the said Dr. Charles B. Richards informed deponent that he, said Charles B. Richards, believed that a coroner's inquest should

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have been held on the said corpse, and that it was not too late to make it; that a coroner's inquest ought to be had; that the autopsy made on the said corpse in November was not satisfactory to him, the said coroner; that the said coroner then and there, in deponent's presence and the presence of several other persons, read the notice, a copy of which is hereto annexed, dated Binghamton, March 27, 1879, signed W. F. Winship, D. S. Richards, and and the affidavits of Dr. Benjamin F. Sherman and W. F. Winship, copies of which are hereunto annexed, and then and there decided to hold a coroner's inquest on said dead body, and then and there stated to deponent that he, said Charles B. Richards, was not and never had been satisfied that the person upon whose body the autopsy was made in November, as aforesaid, died a natural death, and agreed to fix an early day for holding a coroner's inquest upon said dead body. That afterward, on the same day, deponent received a notice from said Charles B. Richards, as said coroner, through D. S. Richards, Esq., of Binghamton, that he, the said coroner, had fixed the second day of April, 1879, as the time, and Binghamton as the place, for holding such coroner's inquest. Deponent further says that, in company with other physicians, started for Binghamton to attend said coroner's inquest, but learned on the journey that the said coroner had, on April first, decided not to proceed with said inquest. Deponent further says that he verily believes, and therefore charges, that said Charles B. Richards, one of the coroners of Broome County, willfully refuses to hold a coroner's inquest upon said corpse. That deponent verily believes that said refusal of said coroner is made at the request and in the interest of persons interested in withholding the true cause of the death of the person whose corpse is alleged to be that of Walton Dwight.

JOHN SWINBURNE.

Signed and sworn to before me
this 18th day of April, 1879,

P. V. R. HASCY,
Commissioner of Deeds.

STATE OF NEW YORK, } ss. :
County of Albany, } 66

D. S. Richards, being duly sworn, says he is an attorney of the Supreme Court, now residing at Binghamton, in the County of Broome, N. Y., where he now is, and for more that twenty years last past, has been engaged in the practice of his profession. That Dr. Charles B. Richards is now, and for more than two years last past, has been one of the acting coroners of Broome County, residing at said Binghamton, and for the last year he has been the only coroner residing within ten or more miles of Binghamton. That on or about the 27th day of March, 1879, deponent personally requested of said Charles B. Richards, that he should hold an inquest concerning 67
the alleged death of Walton Dwight, who, it was alleged, had died at said City, on or about November 15th, 1878, and on said day in order to require said coroner to act as requested, deponent delivered to him a notice in writing, signed by himself and W. F. Winship, also an affidavit of said Winship, and one made by Dr. Benjamin F. Sherman, with a copy autopsy thereto annexed, and left all such writings with him—that printed copies of such notice, affidavits and autopsy are hereto annexed.

That said Richards, as coroner, stated to deponent, after considering said writings, that he deemed it his duty to act in the matter and to hold the inquest, and would so act and hold the inquest. That he stated to 68
deponent that before making the inquest he would notify the attorneys who were represented to be acting in the interest of the family of the said Dwight, and who were two of the executors of his will. That deponent went with said coroner when he went to give such notice; that said coroner saw George F. Lyon, Esq., one of said attorneys and executors, in the presence of deponent and gave such notice, whereupon said Lyon urgently requested that such inquest should not be held until about a week later—giving as a reason the then absence of his partner, Hon. O. W. Chapman, who was the other attorney and executor,

69 and a desire that there should be sufficient time after his return for those representing the family of Dwight to prepare for and to take part in the coroner's inquest that was to be held and have eminent medical men in attendance in the interest of the family and estate. That at the request of said Lyon, said coroner in deponent's presence, and then and there, fixed upon the 2d day of April, at 10 o'clock A. M. as the time, and Binghamton as the place, for holding the inquest.

That said Lyon at this interview expressed himself as opposed to an inquest.

That deponent is intimately acquainted with said coroner, resides near him and believes he saw him
70 each day between March 27th and the 2d day of April. That on the morning of April 1st, said coroner for the first time expressed to deponent any hesitation as to his duty in regard to holding a coroner's inquest, or doubt as to its being held, and then said he should take counsel in the matter before going further, and that he should not hold an inquest, unless he was under obligation so to do; that within an hour thereafter said coroner informed deponent that he had taken counsel of an attorney, and he had been advised by him not to hold the inquest, and then and there positively refused to hold an inquest as requested, and has continued ever since to refuse, and no inquest has been held since the death of said Dwight upon his body or as to the cause of his death.

71 That on the 27th day of March, and after said coroner had fixed upon the time and place for holding the inquest, deponent at the request of said coroner notified Dr. John Swinburne of such time and place, and of the fixing thereof by the coroner.

D. S. Richards.

Sworn to before me, this 18th day of April, 1879.

P. V. R. Hascy,
Commissioner of Deeds.

POST MORTEM EXAMINATION 72

ON THE

BODY OF WALTON DWIGHT.

HELD AT

SPRING FOREST CEMETERY, BINGHAMTON, N. Y.,

Wednesday, April 23, 1879.

Coroner :

CHARLES H. RICHARDS, *M. D.*

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Jury :

WILLIAM BASSETT, *M. D.*	CHARLES C. EDWARDS, *M. D.*
A. W. K. ANDREWS, "	CHAS. G. ESTERBROOKE, "
CHARLES B. SPENCER, "	W. A. BROOKS, "

At 10:20 A. M. the body of Walton Dwight having been exhumed, was laid beneath a tree in the vicinity of the vault from which it had been taken, the coroner and jury being present. Rain beginning to fall, the coroner directed that the remains be taken to a barn at the entrance of cemetery, where at 10:35 the body was removed and the jury were formally sworn. The body was then placed, while in the coffin, upon the 74 scales.

Weight of body and coffin as announced by Mr. Ayres, the undertaker, 263 lbs.

Dr. Daniel S. Burr, in charge of the autopsy, announced as follows :

" The weight of the coffin with the body is 263 lbs., " without the lid."'

The body was here lifted out and placed upon boards, already measured by Dr. Burr, and the coffin being placed upon the scales, the undertaker announ-

75 ced the weight to be $85\frac{3}{4}$ lbs., leaving, as the weight of the body alone, $177\frac{1}{4}$ lbs.

Dr. Burr then announced, after measuring the body, as follows:

"The height of the body is six feet and two inches, lacking one-sixteenth of an inch. Face, hands, and part of clothing covered with white mold. Epidermis of hands loose. Cuticle decomposed."

Dr. Sherman: These clothes are whole, are they?

Dr. Burr: Yes.

Dr. Sherman: Then I think the better way would be to cut through that collar, and tear it right down; then you can wrap it around him again. Take your carti-
76 lage knife, a knife it won't hurt, and cut it right down through from the collar.

Dr. Burr here cut off the collar and cravat. The body, or breast of the body, was found covered with newspaper next the skin. This was saturated with water by means of a sponge in the hands of Dr. Burr, and removed.

Dr. Burr: I know where the tongue is. (Pulling the hair of the beard.) The beard is very loose—no force at all. Doctor (addressing Dr. Swinburne), just try one of those hairs of the beard around the mouth.

Dr. Swinburne (doing so): I suppose there were less
77 juices here than here (pointing to the hair of the head).

Dr. Burr: Just note the appearance of the head, showing evidence of a former *post mortem*. The epidermis on the forehead is loose.

Dr. Sherman; I don't want to see that; I want to see where the bone moves. I think the bone is united. There isn't any ridge where you put your finger, Dr. Burr. There it is, if anywhere.

Dr. Burr: The anterior coat is pretty high up.

Coroner Richards: I wan't you to note whether it is or not.

Dr. Burr: (Turning to reporters.) Epidermis loose 78
on the forehead; epidermis and outer skin undergoing decomposition on the upper lip and lower portion of the face; hairs of the beard easily pulled out; hair of the scalp moderately firm; anterior portion of chest shows evidence of former *post mortem;* I guess we can safely say that.

Dr. Sherman: He is a powerful man—must have been; what a chest!

Dr. Burr: (Scraping skin of chest with thumb nail.) Epidermis and all I am getting now.

Dr. Sherman: It is no matter; epidermis and scarf skin.

Dr. Burr: I am getting the hair, too.

Dr. Sherman: (To Dr. Burr.) You did not cut here 79
at the extremity of the cartilage.

Dr. Burr: It is good cutting here.

Dr. Sherman: It is healed by the intention, if any; I say this was simply cut from the centre.

Dr. Swinburne: A slight incision.

Dr. Sherman: And the cross parts thrown back here each way.

Dr. Burr: Yes.

(Here Dr. Burr pulled out some hairs on the chest.)

Dr. Sherman: They still slip, don't they?

Dr. Burr: No; they come right out.

Dr. Sherman: That is what I say—they slip out 80
easily; see how much it is decomposed; the whiskers pull out very easily, and here you can see the condition (pointing under the chin).

Mr. Magone: Yes; it is a long time that it has lain.

Dr. Sherman: Rather less than you would expect from so long a time.

Dr. Burr: (To reporters.) Anterior aspect of chest covered with thick mould incorporated in newspaper next to skin; epidermis decomposed and removed easily; true skin and upper portion decomposed: lower portion hardened and dried; anything further of this, Mr. Coroner, that you wish?

81 Coroner Richards: I don't think there is anything further; is there, Dr. Swinburne?

Dr. Swinburne: Not anteriorly, except that I would like to call the attention of the doctors again to that mark around the neck; I called attention to it once before, and the matter was complicated by my being represented as saying that which I never said; that is, I was misrepresented; I again call your attention to the mark, which is not so distinct as it was at first.

Dr. Sherman: Look down there where the light strikes on that side, and then come this way and look here, and not only look but put your finger there.

Dr. Swinburne: On that right side it is recognized
82 as a mark extending upwards and backwards from the os hyoides to clear around behind the neck, and on the left side below the thyroid cartilage, running upwards and backwards at an angle of about 45°; that was the note in the *post mortem.*

Coroner Richards; They will take a note of it.

Dr. Swinburne: Now we would like to take a cast of that.

Coroner Richards: If there is no objection, take it right here.

Dr. Burr: Also notice a ridge right around following the collar.

Dr. Swinburne: That is an inch above.

Dr. Burr: It is a mark commencing an inch from
83 the jaw and following around.

Dr. Swinburne: But you will notice a continuous line right around here; here is the hollow.

Dr. Burr: Here is another one; please note another one, at the union of the shoulders with the neck.

Dr. Griffin: I recollect looking at that at the time.

Dr. Burr: It is more of a ridge than that is; the jury will please look at that.

Dr. Sherman: What Dr. Swinburne has referred to, is that, right where I put my finger; on this side it is still plainer and deeper.

Dr. Burr: This groove around here is the groove of

the collar; here is another one here, and here is the one the doctor has referred to. 84

Dr. Sherman: Here is the one; here is the groove where the collar went.

Dr. Swinburne: There is no objection to taking the cast; that will tell the whole thing, and there is no harm done.

Dr. Burr: Put a little tissue paper right next to it.

Dr. Swinburne: Why not a little oil; we have plenty of lard.

Dr. Burr: Now that is the fold of the muscle of the back; now you will see what putting on the collar did; that is the fold of the collar, too; I would like the jury to see; this one here is the edge of the collar.

A Juror: Now is there anything on the inside of the collar? 85

Dr. Swinburne: It is not quite as prominent now, as it was, but still you see what it is—what I then called attention to.

A Juror: Is it a turn down collar?

Dr. Burr: Yes; I will show it to you.

Dr. Swinburne: What is the natural position of the head; about like that (illustrating it).

Dr. Burr: You do not want to make any wrinkles; it is about as it laid in the coffin; you want the cast as it was in the coffin; it was about that high, and we strained it to lift it up; that is just about the height it is in the coffin now. 86

(The head of the corpse was here placed on a beam, with a board under the beam and laid in a true line with the body.)

Dr. Swinburne: Now give me the plaster; we will take it around here first, and then we will get a base, you see, and can fill it in.

Dr. Burr: I will call the attention of the jury to the fact, that at the former *post mortem*, the tongue was removed, and the neck and throat stuffed with cotton; please bear that in mind.

87 (Dr. Burr here put lard on the neck and shoulders, while the plaster was mixed.)

Dr. Swinburne: That collar has pressed more on this side than the other.

Dr. Sherman: Was Colonel Dwight a man of very great intellect?

Dr. Burr: I suppose I am not competent to judge of that; I am a young man.

Dr. Sherman: Well, if he was, the shape of his head and body are contrary to my observation; he has got a very small head for such a body.

Dr. Swinburne: $7\frac{3}{8}$, isn't it?

Dr. Burr: I think Colonel Dwight, and one or two others, were known at the hatters, as having large-
88 sized heads.

Dr. Sherman: Those bones are fitted very nicely together, indeed (feeling of the head).

Dr. Burr: You can make it almost any shape, Doctor, if you use enough force.

The plaster having hardened, the oil is put on over it and over the shoulders again, and the plaster is poured on.

Coroner Richards: We will get some more plaster, as I shall want another cast.

Dr. Burr: All right.

D. Sherman: Shall we cover up his whiskers?

Dr. Swinburne: Yes; we had better; and make it
89 heavy, so that it will be strong; I think they will pull out easily, any way.

Dr. Swinburne; You will see the point on the left side; on the right side, it extends upwards from the os hyoides; on the left side, it strikes the thyroid cartilage, and runs upward and backward at an angle of about 45 degrees.

Dr. Burr: There isn't any inside there now, doctor.

Dr. Swinburne: That does not make any difference, because there was no mark of that kind; and more than that, it is stuffed fuller than it was, when I saw it when I was there.

(The second cast is now taken at 12:30 P. M.)

Dr. Swinburne: Doctor, we have got two good casts here; excellent ones. Shall we not leave that right on the neck, until we turn it over? 90

Dr. Burr: Yes, if we get a good set of the plaster.

Dr. Swinburne: If you think best, doctor, we will take this off before we turn it over.

Dr. Burr: Perhaps it will save time; let it set first; I think we will examine the anterior of the body now, before we turn it over.

Dr. Swinburne: That is all filled with paper in there, so that it is dry.

Dr. Burr: The anterior surface of the abdomen is the same as the anterior aspect of the chest, and in the same condition; I think I can safely say that the genital organs are highly decomposed; anterior aspects of the legs and thighs, covered with white mould; epidermis easily removed. Decomposed; anterior aspect of both legs, decomposed; more marked than on the thighs. 91

(The stomach was here opened.)

Dr. Sherman: See the amount of adipose matter there; there is an inch on the abdomen there now; hardened and consolidated.

Dr. Bridges: Is that the heart?

Dr. Swinburne: Yes, sir; that is the heart.

Dr. Burr: The contents of the abdomen and chest, as left from last post mortem.

Dr. Swinburne: You will notice on the outside, there is very little fat. 92

Dr. Sherman: No more than normal.

Dr. Swinburne: No.

Dr. Burr: The organs are partly decomposed.

(The spleen was next taken out and examined.)

Dr. Swinburne: Can't you get a scale and weigh these things—the lungs and spleen?

Dr. Burr: The interstitial substance is all decomposed with fluid.

(The lung is next taken out; also a piece of the liver.)

93 Dr. Burr (taking out another organ): I don't know what that is.

Dr. Swinburne: There is something we want; it is very dark and intensely congested.

Dr. Burr: You can't tell anything about it now.

Dr. Swinburne: I know, but it is the same color as it was before.

Dr. Burr: No, it ain't; I can tell you that.

A Juror: Is that the lung?

Dr. Burr: That is the trachea and larynx.

Dr. Sherman: That is the kidney.

Dr. Burr: I doubt you very much; tongue, larynx, trachea, situated in the lower portion of the upper part of the chest in a mass of bloody fluid, more or less
94 decomposed.

Dr. Swinburne: You see the redness is not so deep here.

Dr. Burr: Is there any redness in the tissue of it?

Dr. Sherman: It is the redness of the mucous membrane; take these two out, and put them one side and we will look them over; I would like you two to look at it through the microscope; it is a scientific point I am getting at, and I would like to weigh it; you remember there was a discussion in regard to the weight of the lungs, and that showed the heaviest lung has come down to almost nothing by this exudation; there is a scientific point about that I want to explain to you by and by.

95 Coroner Richards to Dr. Burr: I want you to save a duplicate part of everything they take.

Dr. Burr: That is a piece of the lung tissue.

Dr. Swinburne: No, doctor; I take issue with you on that; there is the omentum and portion of the fat where the kidney was separated.

Coroner Richards: Here is a jar in which I wish you to put the duplicate of that they have taken.

Dr. Swinburne: While you are about it then, let them put that heart in another jar.

Dr. Sherman: I want to take a piece to put it into a hardening fluid; I have a little vial of hardening fluid, and I want a couple of pieces a half an inch

square; you can't examine that through a microscope 96
until it has been hardened for a long time.

Dr. Swinburne: You have got the liver that is here; suppose you put that in a jar.

(Dr. Sherman here cut out a small piece of the heart and put it into a vial.)

Coroner Richards: Is that a piece of the lung you have got, Dr. Swinburne?

Dr. Swinburne: Yes, and that is a piece of one of the bronchial tubes.

Dr. Burr: All the glandular part squeezes right out of the spleen.

Dr. Swinburne: I would like, Mr. Coroner, that you would take that heart and save it, if you will, and keep 97
it in alcohol.

Dr. Burr: Do you want a piece of this kidney?

Dr. Sherman: Yes; a piece a half an inch square.

Dr. Burr: I would not swear it was kidney.

Dr. Swinburne: Yes; that is kidney tissue; now these lungs here won't weigh more than five ounces each.

Dr. Burr (to the jury, holding up a piece of the matter that was called kidney): Can you tell from the tissue what it is, gentlemen?

(No response.)

Dr. Burr: Remnants of viscera, of chest and abdomen, too much decomposed to be recognizable.

Dr. Swinburne: Note that the heart is in a perfect 98
state of preservation.

Dr. Burr: I differ from you there, doctor.

Dr. Swinburne: You have it there, and can see by and by.

Dr. Burr: You see it is torn easily, right across.

Dr. Swinburne: It is better to keep it, and that is what I tell the doctor, just for that reason.

(The stomach is here sewed up.)

Dr. Sherman (to the jury): Now look at that heart; you see the muscles of the heart are as firm as can be.

99 Dr. Swinburne: It is $\frac{3}{4}$ of an inch thick.

Dr. Sherman: You see it does not tear.

Coroner Richards: Have you made all the examination you care to now, of the matter that lies inside?

Dr. Swinburne: Yes, sir; I think so; I want you to examine that heart, because it has been alleged that it is not sound; here are five months passed, and just feel of the heart; nothing can be firmer than that heart is; it is remarkable how firm it is.

Dr. Burr: And your finger goes right through the muscular tissue; take it in line of the valves, and it is firm, I admit.

Dr. Swinburne: It may be partially decomposed,
100 but that does not change the condition of things; I said that the heart, when taken out first, was perfectly sound and healthy, instead of being weak and feeble, it was a mistake; it was a strong heart, weighing fifteen ounces; I speak of it now as being remarkably firm, after being buried four months; take the rest of the organs and compare them with this; the brain is all gone, of course; of course the fat never decays; we differ a little as to the condition of it; I only call attention to that.

Dr. Burr: I think I can take a cast without turning the body over.

Dr. Swinburne: I think we had better turn it over.

Dr. Burr: We will not disturb the head; we don't
101 want to disturb the head at all; we can put the plaster on a cloth, and lift it right up against the head.

The lungs were here weighed in a basin by Dr. Swinburne; together the weight was a pound and a half, and the basin alone weighed half a pound, leaving as the weight of the lungs one pound.

Dr. Swinburne: You see eight ounces is a heavy weight for a lung.

Dr. Bridges: Is not some of it gone?

Dr. Swinburne: No; we took about a drachm; that

is all; we took away the liver, the kidneys and a por- 102
tion of the intestines, but no brain; so that this large amount of fluid in the chest is *post mortem*, and comes from that, you see; they weighed four pounds before, and you see it must come very near. Take a man that is a week in dying as Hadley was, and you will find fluid everywhere; that is because it was a feeble circulation; now that is a strong heart; a strong muscular heart; a fifteen-ounce heart.

Dr. Griffin: Does the heart weigh fifteen ounces now?

Dr. Swinburne: It did; we have not weighed it now.

Dr. Griffin: How much has it shrunk in weight?

Dr. Swinburne: All that the leaving of the blood 103
would make it; it didn't shrink as much as those, because those were pretty much all blood before.

Dr. Griffin: There is quite a disparity in weight here.

Dr. Swinburne: Dr. Delafield took a portion of the heart away.

Dr. Griffin: It is my impression that he took some of the lung.

Dr. Swinburne: He took some of the heart; I know he did.

Dr. Sherman: Some of it was sent to Dr. Porter.

Dr. Swinburne: I took it myself, but I did not examine it, as I only appeared here for Dr. Porter; that is all. (Calling attention again to the neck.) You see 104
this has fallen in around there. But this is the mark I called your attention to.

Dr. Swinburne: You notice the loss those lungs have sustained is all in the chest. It is one of those *post mortem* changes.

Coroner Richards: I don't think any was taken away. I think it was cut open.

Dr. Swinburne: I don't think so. I think it was cut all open. It only shows how the blood will ooze out.

The cast of Dr. Burr of the under side of the head being defective, another cast was taken.

105 After the two casts had been completed, Dr. Sherman forced open the mouth, and inserted a plate filled with wax, and obtained an impression of the teeth.

Dr. Sherman: (After getting a cast of the upper teeth.) There, that is a good cast, isn't it?

Dr. Swinburne: Yes.

Dr. Sherman: You cannot get as good a cast as you can where you have a man to open his mouth and press it together again. The plate is rather large for this under jaw. It is a rather narrow under jaw.

Dr. Burr: Do the teeth come out any?

106 Dr. Sherman: Yes, sir; the upper one is a good cast, but the lower one I could not get.

Dr. Swinburne: Was there anything defective in the teeth?

Dr. Sherman: No.

Dr. Burr: I want the stenographer to note that the teeth easily dropped out—all of them—eye teeth and all. They can be pulled out with the finger, without any trouble.

Dr. Sherman: I guess not, doctor, except those I have loosened.

Dr. Burr: I beg your pardon. There is one, and
107 there's another, and there's another one. You see they come out readily by the finger.

Dr. Swinburne: They are all perfect with the exception of one wisdom tooth; posterior; lower left side.

Dr. Swinburne: It was not so full as it would have been if the larynx had been here itself.

Dr. Burr: That is cotton wadding. Dr. Delafield sewed it down to here, and then filled it up.

Dr. Swinburne: The first line is made across here with the mark, and that line was not here. This has been here since the cotton was in.

Coroner Richards: Have you taken note of these scars, or are they on the back side of the legs?

Dr. Burr: No, it is on the other side; here they are. (Pointing to scars).

Dr. Swinburne: I would like when you turn over the body, to cut down there and see whether the bone has been injured or not?

Dr. Swinburne : Note that this neck where the windpipe was taken out was filled with cotton batting or wadding at the last post mortem. 108

Dr. Burr : Mr. Coroner, are you satisfied with all this that has been done, before he is turned over ?

Coroner Richards : Yes, sir.

Coroner Richards : Was this a linen collar ?

Dr. Burr ; Yes, cloth.

The body is turned over, the clothing being cut from the collar, down to the leg.

Dr. Swinburne : There ! You see that is the line (pointing to the neck).

Dr. Burr : This principal one is the collar mark, going around so. 109

Dr. Swinburne : Yes. In the old post mortem it is described definitely. The neck cloth disfigured it some; some of the outlines as you see in the cast are the same. They are noted in the old post mortem as running at an angle of 45 degrees upwards and backwards.

Three incisions were here made down the middle of the back, by Dr. Burr and the two strips of skin and flesh were cut out and laid back. The leg was also cut open in the locality of the scar.

Dr. Sherman : That is a mighty small scar. It looks as if it was a vaccination mark.

Dr. Swinburne : He claims he was splintered at some time. 110

Dr. Sherman : That is the army record.

Dr. Griffin : It is enough to get a pension on.

Dr. Sherman : In some places, if the doctors are fools enough to give it to him.

Dr. Burr here relieved Dr. Sherman in the cutting out of the spine, and the spinal column was laid bare and a portion removed.

Dr. Sherman : It is too much decayed for any examination.

Dr. Swinburne : Now, just call the jury, and let them look at that.

111 Coroner Richards: Take notice, gentlemen, of everything you see, so that you can certify to it when it is called up.

Dr. Swinburne [Pointing to the neck]: You will see the commencement of the same thing there, and the head turned a little, you will find it a continuous depression or indentation upon the other side; an indentation of from one-half to one-quarter of inch wide and one-eighth to one-quarter of an inch deep.

Coroner Richards: Notice it in relation to the angle of the head with the shoulders; take it all into account, gentlemen.

Dr. Sherman: There is not consistency enough in that spinal column to see the membranes.

112 Dr. Burr: It is disorganized entirely.

Dr. Sherman: It is well enough to save it, but there is no use in examining it.

Dr. Burr: The stenographer will note that the spinal cord is disintegrated.

Dr. Sherman: Softened from decomposition.

Coroner Richards: Gentlemen of the jury, in regard to the examination of the spine, is it all right and satisfactory to you all?

Coroner Richards: Dr. Burr, how many scars were there before upon the leg?

Dr. Burr: I think there was only one; I am not certain.

Coroner Richards: Has anyone a report of the *post*

113 *mortem?*

A Juror: That mentions two.

Dr. Sherman: The autopsy speaks of a scar on the outer side of the left thigh, in the anterior aspect, as if it might have been a gun shot wound; it speaks of it, but it don't tell of it in such a way as to tell whether it would be two scars or one.

Coroner Richards: I desire you to satisfy yourselves and the jury that the facts are the same as they were then.

A Juror: Where is the scar?

Dr. Sherman: It is a very small scar on that side.

Dr. Swinburne: Would it be too much trouble to

run along down on that bone to see if it has a fissure 114
or not—to see if it is injured in any way?

Dr. Sherman: Splintered in any way?

Dr. Swinburne: Yes; injured in any way; I am not particular about words.

Dr. Burr feels with his fingers of the bone beside the scar.

Dr. Burr: It is sound; there appears to be no roughness.

Dr. Swinburne: Will you go a little higher and see?

Dr. Sherman: That is opposite the scar; that bone was never chipped or broken; what do you say, Dr. Swinburne? 115

Dr. Swinburne: I say so.

Dr. Burr: The shaft of the bone is perfect.

Coroner Richards: Now, is there a scar on the other leg?

Dr. Burr: I don't remember.

A Juror: None noted in the autopsy.

Coroner Richards: Is there anything further, gentlemen of the jury, you desire to know about this—any further examination; Dr. Swinburne, do you know of anything?

Dr. Swinburne: I don't think of anything.

Coroner Richards: Are you satisfied with the examination?

Dr. Sherman: Yes, sir. 116

Coroner Richards: If you have any further examination to make—if you are not entirely satisfied—I want you to make it now.

Dr. Sherman: I don't think there is anything further now.

Coroner Richards: Very well.

The incisions in the body are here sewed up by Dr. Burr.

Coroner Richards: This inquest is adjourned until half-past nine to-morrow morning, at the Supervisors' room in the Court House.

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INQUEST HELD UPON THE BODY OF WALTON DWIGHT.

Supervisor's Room—Court House,
Binghamton, N. Y., April, 24, '79.

Charge of Charles B. Richards, Coroner.

Gentlemen of the Jury—It is customary, I believe
118 in starting out in an inquest, especially one of the importance of this, to state a few things for your guidance. It is a matter of considerable importance, not only to you as medical men, but to the public at large.

We are in the interest of Broome County, and not Broome County alone. We are here to investigate the cause of the death of Colonel Dwight. I propose to find the cause of the death of Walton Dwight, who died last November, in this city, at the Spaulding House, and I promise you now, that you may be advised on this point, that you will not be discharged by me until you find a reasonable cause of death. We have come for this purpose, and I propose to make this investigation as thorough and as full as I can, to determine—with
119 only this end to determine a reasonable cause for death.

There are a great many points to be brought out in this case to determine this end. The autopsy held soon after the death of this man, to some persons, did not reveal a cause of death, neither did it satisfy them. An affidavit lies before me, made by a distinguished medical man who was present at the autopsy, charging Colonel Dwight with self-murder. It was upon that affidavit more than any other, that induced me to hold this inquest; it is done for the purpose of proving out the exact facts.

I have thought this matter over pretty carefully, 120
and inasmuch as this is a medical question entirely, belonging to medical men to settle, both from the actual evidence of the autopsy, and from expert testimony, I have selected you as medical men, because each of you has experience. All of you are perfectly capable of asking any questions that do not occur to me after I get through. My line is this: to begin the questioning and take up a witness and examine him just as far as I can be able to judge of them. I shall then turn to you and ask if there is any point left untouched, and if there is anything you don't understand, I ask you, as medical experts, and as jurors to ask any questions you may see fit to ask, bearing in mind, as near as practicable, to have these questions 121
asked according to law, of course. The rules of law are more or less in this way: *Leading questions should not be asked;* leading questions are those that suggest the answer. Hearsay evidence must not be indulged in only so far as the witness may hear of the declarations directly from the person upon whom this inquest is held.

Gentlemen,—I ask you now again to aid me in this investigation. *I* am not investigating this case; it is you, gentlemen; *I hold you responsible. I am but the instrument in your hands. I don't propose to mould any testimony,* neither do I propose to place it in any shape but perfectly pertinent in the case. It makes no difference to me; *I am here a disinterested party,* 122
and there should be no prejudice or feeling in this matter; and there shall be none so far as I can avoid it.

I want you to understand this case is of so much importance that it will require all your diligence and all your care, for you are to try to aim at a true conclusion in this matter.

123 *Charles A. Hull* sworn :

Examined by the Coroner :

Q. Where do you reside ?

A. Here in the City.

Q. What is your business, sir ?

A. I am a lawyer by profession.

Q. How long have you lived here ?

A. About eight years.

Q. What is your age ?

A. Twenty-nine.

Q. Were you acquainted with Colonel Dwight, deceased ?

124 A. I was.

Q. How long had you known him ?

A. Well, I had known him for seven or eight years ; seven years.

Q. Had you been pretty intimate with him ; had you known him well ?

A. I had ; the last three or four years I was quite intimate with him.

Q. You knew of his being sick at the Spaulding House ?

A. Yes, sir.

Q. When did you first learn he was sick there ?

A. Shortly after he was taken.

Q. Taken some time in October last ?

125 A. Yes, sir : along the fore part of October.

Q. You visited him, did you, during the time he was sick ?

A. Yes, sir.

Q. When did you first see him there—visit him there ?

A. I think about a week before he died was the first time I called.

Q. Did he send for you ?

A. Yes, sir.

Q. For what purpose did he send ?

A. He wished to have me stay with him.

Q. Act as nurse, or something of that sort? 126

A. Yes, sir; assistant.

Q. That was about a week before he died?

A. Yes, sir.

Q. When you went there was he abed; in his bed?

A. I think the first time I went he was sitting up; it was either the first or second time.

Q. Then when did you go there again?

A. I called once before I went there to sit up, and then the next time was three or four nights before he died, I think.

Q. You had conversation with him at that time?

A. Yes, sir.

Q. What was the nature of the conversation; was it his sickness, I mean, entirely? 127

A. He found considerable fault that people did not think he was sick; he said he knew he was very sick, and he was disgusted with men that came there and told him he was getting better; he thought that he was not.

Q. Anything further on that head?

A. Not that I remember of now.

Q. During the time that you saw him, did he seem to be hopeful that he was going to get well?

A. Yes, sir; he thought he should get well; he said if he could fight off this chill that was recurring, he thought he could get over it.

Q. Were you present when he had any of those chills? 128

A. Well, I was present when he died.

Q. You say you were there twice before the night of his death?

A. Yes, sir,

Q. When were you there the last time before the night of his death?

A. I went up there, I think it was, two days before he died; I went up to see if he did not want me; he said he had a man for that night, and wanted to reserve me for his bad nights.

Q. O yes; did he say why he wanted to reserve you for those bad nights?

129 A. Well, he thought I was not nervous, and would not get scared if anything should happen; if he should be taken worse.

Q. Now on that night—I will ask you what time—in the first place, I have a diagram here of the rooms (showing diagram to the witness); here is the front door, as you go in?

A. Yes; I understand the place.

Q. You have seen the diagram?

A. No, I have never seen the diagram.

Q. Tell the jury, if you please, which room he was in, as by that?

A. He was lying in the bedroom in the rear of this front room; we entered the front hall here, and turned
130 to the left into a small parlor in the front of the small building where he lay, and directly in the rear of that was the bedroom where he was lying ill.

Q. Where did the bed sit?

A. The bed was on the right hand side of the small bedroom.

Q. This is the hall; you go into this front room, and had to go through there to get into this room?

A. Yes, sir.

Q. And then his bed was here?

A. Yes, sir; towards the rear (the witness points out the rooms and the position of the bed to the jury).

By Dr. Bassett:

131 Q. That is the only entrance to this bedroom?

A. Yes, sir; all that I know of.

The Coroner: There is no door at the side except this one.

By a Juror:

Q. Where was the bed?

A. The bed was lying towards the right hand side of the bedroom, about here, with the head of it towards the rear.

By the Coroner:

Q. Then, of course, as you went in here you would

come to this part of the bed first, that is, he would be looking towards you? 132

A. Yes, sir; the foot of the bed was towards the door.

Q. Now, was Mrs. Dwight there on the night that he died?

A. She was.

Q. Where was her room; here?

A. Her room was directly across the hall, through the parlor.

Q. Over this side?

A. Yes, sir.

Q. So that, in coming from that room, she came into this hall, by coming across here into this front room here and then directly around where he was? 133

A. Yes, sir; the door of her room was directly opposite the door leading into the parlor, from the hall.

Q. You say she was there that night?

A. Yes, sir.

Q. When the Colonel died, was she up, do you know?

A. Yes, sir; she was up before he died.

Q. I will ask you if that night at the Spaulding house whether there was not a dance there?

A. Yes, sir; I understood there was.

Q. What part of the building was that in—was that in the same house?

A. No, it was not in the same building; this building is a small cottage, standing on the same ground as the hotel. 134

Q. Did you go into where the dance occurred that night?

A. No, sir; I did not.

Q. What time did he die?

A. Well, just about half-past eleven as near as I can tell.

Q. About half after eleven?

A. Yes, sir.

Q. How long before that had you seen him?

A. How long before he died?

Q. Yes, sir?

135 A. He was hardly out of my sight that night.

Q. Which room was you in during the time—were you in this large front room?

A. Yes, sir.

Q. You were where you could hear any noise or disturbance, or any change of position, or anything of the kind?

A. Yes, sir; I could hear him breathe.

Q. Then you saw him within a few minutes of the time that he died?

A. He spoke to me within ten minutes; I do not think it could exceed that.

Q. What did he say?

136 A. He said he had a new way of trying to keep food down; he had a plate of crackers on the table, where he could reach them, and as he spoke he reached over and took a cracker, and bit it.

Q. He didn't seem to manifest anything like danger, or thoughts that he would die at that time?

A. Oh, no.

Q. He didn't any time?

A. No immediate appearance of it.

Q. What attracted your attention, when you went in, and saw that he was dying, or—— but I will ask you—was he dead when you went in there?

A. No, sir; he was not.

Q. What caused you to go in at that time, just prior to his death?

137 A. I sat right near the door, with the door partly open; I heard a constant gasping—a gasping for breath—the way it appeared to me, and I went in.

Q. Was there any audible noise?

A. Yes, sir; a little gasp, and he spoke when I went in.

Q. What did he say?

A. He says, "Charlie!" That is the way he had been in the habit of calling me, when he wanted anything.

Q. After he spoke to you in that way, how long did he live?

A. I think he lived in the neighborhood of fifteen minutes.

Q. Did he seem to be struggling for breath? 138

A. Well, he seemed to be sinking; he was very pale.

Q. Very pale?

A. Livid.

Q. Do you mean by being livid that he was pale, or that his face was dark color?

A. He was white.

Q. After this, then, he did not talk any after he called you by name, but lived fifteen minutes after that?

A. No, sir.

Q. Now, when you went in there, and he called you, did his appearance startle you so that you called help —called for help?

A. Why, it did. 139

Q. How long before you called for help?

A. I poured out a glass of brandy and put my hand under his head, and raised him up and poured that down him; then I ran directly across the hall and rapped on Mrs. Dwight's door, loud.

Q. Did he swallow that readily?

A. Yes, sir; it went down.

Q. Did he seem to realize what he was doing?

A. I thought he did, at the time.

Q. You called Mrs. Dwight; what did you say to her?

A. I didn't call to her; I went and rapped very loud on her door.

Q. When did she come out? 140

A. She came out right away.

Q. What did you say to her?

A. I don't know that I said anything; she saw the situation.

Q. She came directly in where he was?

A. Yes, sir; she came into the bedroom.

Q. How long before he died did she get there?

A. Ten to fifteen minutes; she was there almost as soon as he was taken.

Q. Did that condition change of that white color before he breathed his last?

A. Yes; I think he showed a little more of color before he died?

141 Q. As much color as in life?

A. No, I don't think he did.

Q. Did his breathing seem to be hurried?

A. No.

Q. Did he die with a struggle?

A. No; he died very quietly; seemed to sink away.

Q. Were there any other parties present when he died, with the exception of Mrs. Dwight and yourself?

A. There was.

Q. Who was it?

A. Mr. Warren F. Spaulding.

Q. How long before he died did he come in?

A. As soon as Mrs. Dwight came out she touched the bell, and he came up there; I don't know; it was
142 several minutes before he died.

Q. Of course, before he breathed his last, you saw the probability that he was dying, and you summoned help?

A. Well, I summoned help as quick as I could.

Q. Were there any other parties there?

A. Yes; Mr. Spaulding's brother came up and his wife, and his daughter, I think, was there before,—I don't know whether she got there before he died or not, about the same time.

Q. How soon after Mrs. Dwight came in, did Mr. Spaulding come in?

A. Well, I don't think it was over two minutes.

Q. Mr. Spaulding was there ten minutes or more
143 before he died?

A. I think he was.

Q. After that, how soon did Mr. Spaulding's brother come in?

A. He came in right along; he came very fast; it was rather an exciting time.

Q. Yes, sir, of course, but approximate it as nearly as you can?

A. I think he was in there five minutes before he died.

Q. At the time he died there was yourself, Mrs. Dwight, Mr. Spaulding, his brother, his brother's wife and daughter?

A. (Interrupting). I can't say as to the daughter; 144
the rest of them were certainly there.

Q. There were five there, at the time he died, were there?

A. Yes, sir; and Mrs. Owen, Mrs. Dwight's sister.

Q. At what stage did Mrs. Owen come in?

A. I think she came in about the time that Mr. Spaulding did.

Q. The proprietor of the Spaulding House, or his brother?

A. The proprietor.

Q. Was she occupying rooms in the building at the time Mr. Dwight died?

A. I think she was occupying the same room with Mrs. Dwight; that is my recollection of it. 145

The Coroner: Gentlemen of the jury, you can examine him on whatever you desire to.

By Dr. Bassett:

Q. Was there any muscular contraction of the arms, hands, or the legs, that you saw?

A. I didn't see any evidence of it; his limbs moved some; I think he drew his feet up a little.

Q. No spasmodic action then?

A. I didn't see any; he seemed to sink away, his pulse growing fainter all the time; he died very quietly.

Q. Now, Mr. Hull, you had known him, you say, in- 146
timately a number of years?

A. Yes, sir.

Q. You had seen him in health and sickness?

A. It was the first time I ever saw him in sickness.

Q. And prosperity?

A. Yes, sir.

Q. Now, sir, did you ever see him in a desponding mood?

A. I never did; not so that it appeared any way.

Q. Did you ever hear him express himself in any way, that he had lived long enough?

A. Oh no, nothing of the kind; he seemed to want

147 to live as bad as any man I ever saw, during his sickness.

Q. What was his appearance that evening in comparison with other times that you had seen him, when you first went in?

A. When I first went in, he appeared as well as he had at any time during his sickness, and he did up to the time that he was taken; he said he thought he would have an easy night, that he felt like sleep.

Q. Do I understand you to say, that you were alone with him?

A. When he was taken?

Q. Yes, sir.

A. Yes, sir.

148 Q. Were you in the room with him?

A. No; I was in the adjoining room, sitting with the door partly open.

Q. Had he been asleep before that?

A. He had been dozing; I went in once or twice when he appeared to be asleep, breathing quietly.

Q. How long had you sat there in that place?

A. I sat there all the evening, after Mrs. Dwight went to bed.

Q. An hour?

A. I think it would not have been far from an hour after she went to bed, that he was taken; it was after ten o'clock when she went to bed.

Q. And he had always expressed himself as being hopeful of recovery?

149 A. Yes, sir; he thought if he could get over——if he could bridge over——that was his expression.

By Dr. Andrews:

Q. What was the temperature of his body at the time you gave him the brandy, or about that time when he had this syncope?

The Coroner: He is scarcely competent to decide that matter.

A. I had no means of knowing the exact temperature.

Q. I didn't know, but you would know by the touch, 150
whether he was warm or cool?

A. He appeared to be warm; of course I could not tell what the temperature was; I had no means of knowing.

Q. Was there any stare?

A. In the eyes?

Q. Yes, sir.

A. Oh, no.

Q. No convulsion of the features, drawing of the muscles of the face?

A. No, nothing of the kind.

The Coroner: Ask him if there was; not if there was not, if you please.

Q. Was there any? 151

A. There was not.

By Dr. Spencer:

Q. Did you feel whether there was any pulse or not?

A. Yes, sir, I did.

Q. How was it?

A. He had pulse; it grew fainter; it was the first thing I did after giving him the brandy.

By Dr. Bassett:

Q. There was one question I forgot to ask, had you seen him vomit? 152

A. No; I never saw him vomit.

Q. He did not, then, that night?

A. Oh, no.

Q. You spoke about his eating a cracker; could he retain a cracker?

A. That is the way he said he had of trying to keep food down; he had difficulty in retaining his food.

Q. Did he complain of any pain in any part of him that evening?

A. He did not; he said once that his head was feverish, and he wished that I would put a cloth on his head, and I saturated it, in a lot of bay rum, and

153 laid it across his forehead, and once he said he was dry; his mouth tasted bad, and his lips were dry, and I went in and gave him a swallow of water.

Q. You observed no look of the eye different to what it had been?

A. No, sir.

Q. Did you observe the signs, or the appearance of the pupil of the eye at any time?

A. No, I did not; the room was slightly darkened any way; I could not observe very well.

By Dr. Andrews:

Q. Did you observe as to whether his skin was dry or moist?

154 A. I think it was moist; a natural moisture.

Q. No excessive perspiration?

A. No.

By Dr. Bassett:

Q. Did it feel like a natural perspiration—warm, or was it cool?

A. Well, it was a little cool; it was not, of course, at first, but it grew more so.

By Dr. Esterbrooke:

Q. Did he drink more than once?

A. Not more than once, that night.

Q. The brandy?

155 A. The brandy was not given until after he was taken, and he was unconscious at the time; he drank it; I think he was unconscious; I am not sure as to that point.

Q. He drank nothing after that?

A. Well, when Mr. Spaulding came, we continued to give him brandy.

Q. Did he swallow it?

A. Yes, sir; and I think we gave him some ammonia; there was a bottle of ammonia there on the table.

By the Coroner:

Q. How much ammonia?

A. How much did we give him? 156

Q. Yes, sir.

A. Well, I think we gave it to him in a spoon.

Q. Do you know how much?

A. No, I can't tell exactly how much.

Q. It was this spirits of ammonia, this ordinary ammonia?

A. Yes.

The Coroner: Dr. Edwards or Dr. Brooks, have you any questions to ask?

The Jurors: No, sir.

By the Coroner:

Q. Mr. Hull, when you first went into the room, at 157
the time you saw—the last time that you went in when he was alive—what position was the body in; what position did he lie in?

A. He was lying on his back, with his head slightly propped up; that was the way he had to lie; he had to lie with his head a ltttle high, because he was troubled with sickness at the stomach.

Q. Had you ever seen him vomit?

A. No; I never did.

Q. Lying on his back—how much covering was there over him?

A. I think there was one quilt, that was all; there was a warm fire in the adjoining room, and the door was open. 158

Q. Was there a napkin about him, or a handkerchief?

A. I think there was a napkin across his stomach.

Q. Was the napkin across his stomach when you went in there?

A. I can't tell as to that; I think it was.

Q. Did you see any napkin, or cloth, or anything else, other than the bed clothing about the bed?

A. Oh, no; nothing.

Q. He was lying on his back, and he alleged that he was compelled to be pretty well propped up, so as to avoid vomiting?

159 A. Yes, sir.

Q. Did he lie in that way every time that you saw him?

A. Yes, sir.

Q. Now was there a fire in that room where he was?

A. There was no fire there.

Q. There was a fire in this large front room, was there?

A. Yes, sir.

Q. What kind of a fire was it?

A. Well, it was a coal fire; an open stove.

Q. Was there a pretty good fire that night?

A. Yes, sir; there was a good warm fire; just comfortable.

160 Q. What time in the day did you get there—on that day that he died?

A. I went there a little before nine o'clock.

Q. A little before nine, in the evening?

A. In the evening—yes, sir.

Q. When was the last time that you saw him on his feet?

A. Well, I think that I helped him through that room, out into the other room; I think it was the first time before that, that I was there.

Q. And that was about two days before?

A. I think so; within two or three days.

Q. He was able to walk only with the assistance——

A. (Interrupting.) He put his hand on my shoulder; I think there was some one else there at the time.

161 Q. When you were there, did he seem to have a great deal of thirst?

A. No; he only called for water once.

Q. Was he taking stimulus all the time, do you know?

A. Well, I don't know of anything except morphia, that he had taken; I don't know but he had taken brandy; I had no directions to give him any.

Q. In your nursing of him, did you act in accordance with instructions from the doctors that were attending him?

A. Yes, sir; there was nothing to be given except

when he called for brandy, or anything of that kind to wet his head. 162

Q. Did you ever see him take any medicine of any kind?

A. No, I never did.

Q. You never administered any to him?

A. I never administered any to him.

Q. Nor ever gave him any brandy except that one time when you saw he was feeble and fainting for it?

A. That was the only time?

Q. After he had breathed his last, what did you do?

A. Well, I don't know whether I sent, but some one sent for an undertaker.

Q. Oh, there was one question that I neglected to ask you—directly, or soon after you saw that he was failing, did you send any one for a doctor? 163

A. As soon as Mr. Spaulding came in there was some one sent after Dr. Burr; I don't know who went, but I know the order was given.

Q. Did Dr. Burr get there before he died?

A. No; I think not.

Q. Was it Dr. George Burr that came?

A. Dr. George Burr.

Q. How long after he died did Dr. George Burr come?

A. I think it was between fifteen to twenty minutes after he died; that is my recollection about it.

Q. Was there any doctor there during any of the periods that you were there; did either one of them come there? 164

A. Yes, sir; Dr. Dan. Burr came there between nine and ten o'clock that same night.

Q. That same night?

A. Yes, sir.

Q. Did he give him any medicine, that you know of?

A. Yes, sir; he administered an injection; hypodermic.

Q. How long was that before he died?

A. That was between nine and ten, I think; about half-past nine.

165 Q. That would be about how long before he died?

A. About two hours.

Q. About two hours before he died; after he administered that hypodermic injection, did Mr. Dwight become sleepy?

A. Yes, sir.

Q. How long after?

A. Well, he seemed to be wakeful enough until about ten o'clock, and then he began to be quiet.

Q. Did he go into a sound sleep?

A. No; I think it was rather of a doze.

Q. When you were in that front room, did you notice at any time his being particularly restless?

A. No, sir.

166 The Coroner: Gentlemen, have these questions suggested anything to your mind that would be pertinent to this case?

By Dr. Spencer:

Q. Do you know what the hypodermic injection was; whether the doctor informed you what he was giving?

A. Morphine, I think, he said at the time.

By the Coroner:

Q. Did you hear him say anything that night, about that being his last night, or anything of the kind?

167 A. Oh, no.

The Coroner: That will do for the present; we may want to call you again.

Warren F. Spaulding, sworn.

By the Coronor:

Q. Mr. Spaulding, you live in this city?

A. Yes, sir.

Q. You are the proprietor of the Spaulding House?

A. Yes, sir.

Q. How long have you kept the Spaulding House?

A. Fourteen years. 168

Q. Were you at the Spaulding House on November 15th last?

A. Yes, sir.

Q. Were you acquainted with Mr. Walton Dwight, deceased?

A. Yes, sir.

Q. How long had you known him?

A. Twenty years.

Q. Were you intimate with him?

A. How?

Q. Question repeated.

A. Well, what do you mean by intimate?

Q. I want to know if you were friendly with him?

A. Yes, sir; I have been very friendly with him for 169 many years.

Q. Had business relations with him?

A. Nothing, except that he was a guest at my house; that was all.

Q. He came to your house to board, did he not, last fall, sometime?

A. Yes, sir.

Q. What time did he come there?

A. He came there to stay; it was along about October 10th or 11th, I think; that was his headquarters all the while, after he left the Dwight House; he was there off and on during the summer, after he came home from Chicago.

Q. Was he at your house continuously after he 170 came there the last of October?

A. Yes, sir; the first of October, along the fore part of October?

Q. Did he bring his family there at that time?

A. No, sir.

Q. How long after he came there did he bring his family?

A. Some ten or twelve days.

Q. Do you know what business he was engaged in at that time?

A. I do not, sir.

Q. Did he make any declarations, as to how long he expected to remain with you?

171 A. No, sir.

Q. After he went to your house, along the first of last October, did he leave it at any time after that, to be gone a day or two?

A. He went to New York.

Q. What time did he go to New York?

A. Well, I can't tell you that; it was two or three weeks after he came there; probably along about the last of October, or thereabouts.

Q. How long was he gone?

A. One day.

Q. What train did he go on?

A. He went on No. 12.

Q. What time does that leave your house?

172 A. Eleven o'clock.

Q. At night?

A. Yes, sir.

Q. What time did he arrive the next day?

A. He came back either on No. 5 or No. 3; he came back the next night any way.

Q. He came directly to your house?

A. Yes, sir.

Q. Did you see him that night after he came home?

A. No, sir.

Q. When he went away at that time, was his family at your house?

A. Yes, sir; I think they were there—that is, his wife was.

173 Q. How frequently had he been to your house before he went there permanently to board?

A. Well, I could not tell you that without looking over my books; he was there off and on, a day, or two, or three days at a time.

Q. Do you know of his going to Windsor?

A. Yes, sir.

Q. What time did he go to Windsor?

A. That is—I say he *was* going to Windsor; I didn't see him go to Windsor; he said he was going to Windsor.

Q. Do you know when that was?

A. No, sir.

Q. You don't know how long he was gone? 174
A. No, sir.
Q. Have you any idea how long he was gone?
A. What? at Windsor?
Q. Yes, sir.
A. Well, he came back the fore part of August, and came to my house, and boarded permanently until about the 11th of October, and where he was that time except the time he was in my house I don't know; I supposed he was at Windsor; he might have been somewhere else, for aught I know.
Q. What time did he begin to complain of feeling unwell?
A. Well, he complained of feeling unwell when he first came back from Chicago. 175
Q. He did not say what the sickness was?
A. No, sir.
Q. You having known him so well when he first came back from Chicago before, how did he compare as to flesh?
A. I could not see any difference; he was looking very rugged.
Q. Did he seem to be very cheerful, and all that?
A. Yes, sir.
Q. Just as he always had?
A. Yes, sir.
Q. How did he complain when he said he had had a poor spell?
A. How did he complain?
Q. Yes, sir. 176
A. Well, he said he had had a poor spell.
Q. That is all he said?
A. He said he had been sick.
Q. Didn't say how he had been sick?
A. No.
Q. When was he taken sick so as to be confined to the house?
A. Well, he was hardly confined to the house at any time, because he went out every day, most all the time, until the last few days, at any rate.
Q. How long before he was—he seemed to be in-

177 capable of doing business; that is, feeling so unwell that he could not do any business, or did not seem fit to do it?

A. I don't think he was capable of doing business at any time except it might be a few moments at a time perhaps.

Q. When was he taken seriously sick?

A. Well, I could not tell you; he might have been seriously sick all the while, for all I know; he was complaining all the while.

Q. What did he complain of?

A. That he was sick.

Q. That is about all the complaint he made?

A. Yes, sir.

178 Q. On the night on which he died, you were at your house, were you?

A. Yes, sir.

Q. You were called into his room about the time he died, or a few minutes before?

A. Yes, sir.

Q. Who called you?

A. I can't remember that either, whether it was—I should presume some of my employees.

Q. You went directly into his room as soon as you were notified?

A. Yes, sir.

Q. You were not abed then?

A. No, sir.

179 Q. Did you come in the front way, so as to get to his room the quickest way you could?

A. I don't remember that—whether I went through the house or outside.

Q. Who were there when you came into his room?

A. Mr. Hull, I believe.

Q. Anybody else?

A. No, sir.

Q. After you came in how long did he live?

A. Well, he was virtually dead when I came in.

Q. He was breathing, was he?

A. Well, if he was breathing it was so faint that it was most impossible to tell.

Q. Describe to the jury here, his position in bed, if 180
you please?

A. Well, he was sitting up in bed; he hadn't for a good many days laid down, not as I saw, anyway; he had apparently fainted away; something like a man would actually faint away; he didn't speak.

Q. He never spoke to you after you went in?

A. No.

Q. Did you speak to him?

A. Yes, sir.

Q. And he did not reply?

A. No.

Q. Did he seem to know whether you spoke to him?

181

A. That I cannot tell.

Q. I didn't know but you might tell something from the expression of his face?

A. The only real evidence of life that I could get was, I pinched his tongue to bring him to, and he would twitch his tongue, and if he had any pulse it was very feeble, and if his heart beat it was very feeble.

Q. Did you put your hand on to his arm, or his limb, or his body anywhere?

A. No, sir; I felt his pulse, and put my ear down to his heart; I could scarcely tell, although he died in my arms; I could hardly tell when he did die really, because he was virtually dead when I got there.

Q. You put your hand on to his wrist; perhaps you 182
could tell the jury something about the amount of warmth—whether it was natural or not?

A. Oh, I don't remember about that.

Q. He was sitting up in bed at the time you went in, and he was virtually dead at the time?

A. I think so.

The Coroner: Gentlemen of the jury, you can ask Mr. Spaulding any questions that you desire.

By Dr. Bassett:

Q. You say he was sitting up in bed?

183 A. Yes, sir.

Q. How do you mean—upright?

A. I mean bolstered up with pillows.

Q. Rather in a reclining posture?

A. Yes, sir.

Q. And his breathing was scarcely perceptible?

A. Yes, sir.

Q. You had been in his room, frequently, I suppose, during his sickness?

A. Yes, sir.

Q. Did you ever observe anything very peculiar in his actions during the time?

A. No.

Q. Did he express himself as being hopeful of re-
184 covery during that time?

A. Well, I don't know as he did, in so many words; he thought he might possibly pull through, and he might not.

Q. On the other hand, did you ever see him despondent, gloomy, melancholy, in regard to his situation?

A. No, sir.

By Dr. Esterbrooke:

Q. Was his countenance pale or livid?

A. Well, I don't think he was pale; if I recollect right, he didn't loose the color in his face until some time after his death.

185 Q. Was not purple—deep red.

A. Well, I don't recollect about that.

Q. You spoke of pinching his tongue; was it protruding?

A. No, sir.

Q. No twitching of the muscles of his face, that you observed?

A. No, sir; not that I noticed.

By Dr. Edwards:

Q. At the time you held your ear to his chest did you hear his heart beat?

A. Well, I don't know whether I did or not; I kind 186
of flattered myself that I did, and yet I might have been mistaken about it; it was very faint anyway, if there was any beat there at all.

Q. Were there any ladies in the room at that time?

A. Well, they were there in the room very soon after I got there.

By Dr. Brooks:

Q. Did you give him anything to drink?

A. Yes, sir.

Q. Did he swallow it?

A. Yes, sir; he got it down his throat, anyway.

By Dr. Andrews:

Q. Did his eyes present any unusual appearance, 187
different from what they would at such a time?

A. I didn't notice that.

Q. Were they closed; were the lids closed?

A. I think not.

Q. Nothing about them that attracted your attention especially?

A. Why, no more than a man would be that was in a dead faint, or something of that kind; I thought he was gone; I thought he never would revive.

By the Coroner:

Q. When you went into the room, or any time, during the time that you were there, had you noticed 188
any particular odor of any medicines, or anything?

A. Nothing unusual.

Q. What kind of a fire was in the house?

A. Coal fire; open grate.

Q. Was it warm and comfortable in there?

A. Yes, sir.

Q. Did you ever administer any medicines or any stimulus, aside from that time when he was dying?

A. Yes, sir; I think I have.

Q. What did you give him, do you know?

A. I don't know.

Q. It was under the directions of a doctor?

189 A. Yes, sir.

Q. Do you know of his having been up that day?

A. Yes, sir.

Q. What time in the day?

A. Well, I should presume it was along about ten o'clock in the forenoon.

Q. Do you know whether he was able to walk himself, then?

A. No; I don't; I should presume he was, however; I don't know that he walked around the room while I was there; he was up; had his hair cut, and whiskers trimmed.

Q. There were some days that he felt very much better than others; did he, Mr. Spaulding?

190 A. Yes, sir.

Q. Or seemed to?

A. Yes, sir.

Q. Did you hear him say anything about this day being a bad day for him?

A. Yes, sir; it was generally understood that that was his bad day.

Q. You saw him when he had some of those bad spells?

A. Well, he had but one of those very bad spells before.

Q. When did that occur?

A. Well, it was a week or ten days before he died, or such a business.

191 Q. What was his appearance then?

A. It was very much as it was when he died.

Q. Did he get cold?

A. Yes, sir; he got cold then.

Q. Was he so cold as to shake?

A. Yes, sir.

Q. How long did that last, do you think, Mr. Spaulding?

A. Well, it lasted two or three hours.

Q. Did he become insensible at the time?

A. Well, that I can't tell you; his talk, whatever it was, was unintelligible to me any way; a kind of mumbling; he didn't seem to have the use of his tongue thoroughly.

Q. What time in the day did that occur ? 192

A. Well, that was, I should presume half-past eight or nine o'clock ; I know I was called up out of bed ; told that he was dying ; I usually get up about half-past eight.

Q. Just about the time this other one was in the day ?

A. No.

Q. Oh, this was nine o'clock in the morning ?

A. Yes, sir.

Q. When you went into the room, did you know of his having a towel across him ?

A. When he died, do you mean ?

Q. Yes, sir.

A. No, sir.

Q. Did you see any towel on his body ? 193

A. No, sir.

Q. Or any handkerchief ?

A. No, sir.

Q. Anything other than the clothing ?

A. I didn't notice anything.

Q. When he died, was he still bolstered up ?

A. Yes, sir.

Q. On the pillows ; did it seem difficult for him to breathe ?

A. I don't know whether he breathed at all or not.

Q. Oh, yes ; I remember now ; yes, did he die something as a person would faint away ?

A. Yes, sir ; I judge so ; there was no struggle, nor 194 no gasp, nor no nothing ; as I told you, the only real evidence of life that I could see, was when I was pinching his tongue, his twitching his tongue.

The Coroner : Gentlemen, do you think of anything else. I want you to investigate this thoroughly. We want to know the facts as far as they can be determined.

By Dr. Bassett :

Q. Were you at home, Mr. Spaulding, three weeks perhaps before his death, and remember the Colonel coming in towards night and telling you—

195 A. (Interrupting) I don't hear your question.

Q. I ask you if you remember the Colonel coming home, about three weeks, perhaps, before his death towards evening, or sundown, and saying he was very sick, indeed?

A. Oh, I don't remember any particular time; he said that a good many times, at various times.

Q. Did he ever complain to you, or tell you where he was in pain, or what the matter was?

A. Well, he seemed to complain of his stomach, mostly.

Q. What was the complaint?

A. I don't know.

Q. What I mean is, how did he express it; did he
196 say he was in pain?

A. He said, pains in his stomach.

Q. Did he complain frequently, of being sick at the stomach?

A. Yes, sir; he complained a good deal of sickness at the stomach, and complained considerable about his head; that was more latterly, that he complained.

Q. Did you, when he was complaining, think there was any difference in the complexion of his skin?

A. There were times when he was more flushed than at other times.

Q. Would that be when he was complaining?

A. Oh, I never thought anything about that.

Q. Did you ever hear him say, that he was cold and
197 chilly at those times?

A. No.

By the Coroner:

Q. After having this bad spell of a week or ten days before, similar to the one on the day that he died, after he came out of that chill, did he seem to have a reaction of heat?

A. Yes, sir; for a while he did.

Q. Did he get warm, or unusually so?

A. No, sir; not that I recollect of; I was with him about two or three hours at that time, and after he got comparatively all right again, I left him.

Q. Who was present, as nurse, at that particular 198
time; do you remember?

A. Well, his wife was there, and my brother's wife was there; we were all there, more or less.

Q. Did he have, at any time during the period of his sickness, a regular nurse?

A. No, sir.

Q. After having that bad spell referred to——

A. (Interrupting.) He had no regular nurse unless he had his wife; his wife was with him after the first eleven or twelve days.

Q. After having that bad spell that you spoke of, do you know whether he had much thirst or not, directly after this chill?

A. No, sir; he was very thirsty a great deal of the 199
time; he drank a great deal.

Q. Were you ever present when he vomited?

A. Yes, sir.

Q. A number of times?

A. A great many times.

Q. Did you notice the color of what was ejected?

A. Well, not particularly.

Q. Did he throw up large quantities?

A. No, sir, very little.

Q. Was there much consistency to it?

A. No, sir; it was a liquid; a sort of greenish liquid.

Q. A greenish liquid?

A. Yes, sir; I should judge so; he vomited a great 200
deal.

Q. Did you notice any odor?

A. No; I don't know that I did, particularly.

The Coroner: Anything further, gentlemen?

By Dr. Andrews:

Q. Do you know after his vomiting whether he felt relief or nausea?

A. No, I don't.

Q. Did he have nausea without vomiting?

A. Yes, sir.

201 Q. Did his attacks of vomiting occur generally soon after eating or some hours afterward?

A. Well, he did not eat much.

Q. Soon after his usual periods for taking his meals?

A. Well, his vomiting was mostly nights; he vomited more or less through the day.

By Dr. Esterbrooke:

Q. Did he complain of any pain in his stomach?

A. Yes, sir.

Q. You don't know whether that was relieved by vomiting; was it relieved by vomiting?

A. That I don't know.

202

By the Coroner:

Q. After vomiting did he seem to be prostrated a good deal?

A. Well, yes, sir; he would; he vomited very hard.

The Coroner: Anything farther?

By Dr. Andrews:

Q. How long did the attacks last him?

A. Which—these vomiting spells?

Q Yes, sir.

A. Oh, two or three minutes.

The Coroner: Is that all, gentlemen? if so, I will
203 dismiss this witness; that will do, Mr. Spaulding.

Mr. Peter D. Van Vradenburg was here called, but did not respond.

Dr. George Burr, sworn:

By the Coroner:

Q. Where do you reside?

A. Binghamton.

Q. What is your business?

A. Practicing physician and surgeon.

Q. How long have you practiced here?

A. Thirteen years or more. 204

Q. You have been a professor in college, have you not?

A. I taught anatomy once.

Q. What college?

A. Geneva College.

Q. Were you acquainted with the deceased, Mr. Dwight?

A. I was.

Q. How long had you known him?

A. Fifteen or twenty years.

Q. Did you ever prescribe for him before he was taken sick the last time?

A. I don't think I did.

Q. You knew him very well? 205

A. I knew him very well.

Q. Did you ever have any business with him aside from medical business?

A. No, I never had any business transactions with him.

Q. You had frequent conversations with him?

A. Oh, yes, sir, we were acquaintances and often met.

Q. You were called to see him in his last sickness, were you not, Dr. Burr?

A. Yes, sir.

Q. What day were you called to see him?

A. He first called on me; came to my office; that was Friday, the 11th October last: he made the statement 206 that he had just returned from Windsor, that he had been sick since the Monday previous, and he concluded to come over here to try and get better; that was the statement he made.

Q. What did he complain of at that time?

A. Well, there was a good deal of oppression about the epigastric region; pain and vomiting.

Q. Did you prescribe for him at that time?

A. I did.

Q. What did you give?

A. Calomel and Dover's powders.

Q. How much calomel did you give him?

207 A. From three to five grains.

Q. What time of day was this?

A. This was the middle of the day perhaps; past noon; he had come there from Windsor; and he also made a statement that he had been over there and been out hunting a good deal; hunting squirrels; that he had been in the open air and been pretty well; he thought he had recovered from the sickness in Chicago.

Q. He told you about his having being sick at Chicago?

A. Yes, sir; he told me had an attack of sickness at Chicago?

Q. Did he inform you what that was?

208 A. No, he did not; during the course of his sickness he said it was somewhat similar to what he was then having; the first day I don't think—perhaps he didn't make me much of a statement; he made this remark that he had been in the fields and over the hills during the warm weather of September, drinking, as he said, out of springs, and said he got sick, got his stomach out of order.

Q. When did you next see him?

A. He called at the office the next day.

Q. What time in the day?

A. Perhaps the middle of the day.

Q. What was the conversation between you and him at that time?

209 A. I don't recollect, except that he had not got relief and wanted something more.

Q. Did you prescribe for him again?

A. I did.

Q. What did you give him that day?

A. I don't remember precisely; I have some notes of his case at home.

Q. I am sorry you did not bring them?

A. I did not expect to be called on so soon; nitrate of potash, I think it was, that I gave him.

Q. How did he seem to be that day in comparison with the day before, as to health?

A. He did not say he felt much better; he still felt that oppression of feeling and vomiting.

Q. What was the appearance of his countenance? 210

A. There was nothing unusual about his countenance; he was a florid complexion, naturally, you know.

Q. When did you next see him?

A. I saw him the next day at the Spaulding House.

Q. Were you sent for?

A. I was.

Q. What time did you go there in the day?

A. I think it must have been in the forenoon sometime.

Q. In what condition did you find him then?

A. He was still vomiting; could not keep anything on his stomach, and that same oppression continued.

Q. Did you then prescribe for him?

A. I think I did. 211

Q. What did you give him?

A. I don't remember now without referring to my notes.

Q. Of course he was rather worse that day or else he would have come to your office?

A. Yes; this was Sunday, and Monday I saw him, and he then told me he wanted to go to New York that night; Mr. Spaulding was a little mistaken as to the time when he left for New York; he left the Monday evening after he got back from Windsor; Friday the 11th, Saturday the 12th, Sunday the 13th, Monday the——yes, he left on the evening of the 14th.

Q. Did he consult you as to whether he had better go or not? 212

A. He said he must go; that he had important business there, and I tried to discourage him, but he said he had engagements, interests there that required his presence, and he must go; he was able to go about the house then, you know, with his clothes on.

Q. When did you next see him?

A. He got back Tuesday night, and I think I did not see him until Thursday; Dr. D. S. Burr saw him Wednesday when be returned; no——yes, Wednesday.

Q. When did you next see him after that?

A. I was with him every day until his death, I think.

213 Q. Then you saw him the second day after he got back?

A. Yes.

Q. What time did you then go to see him?

A. My usual habit was to go in the morning; sometimes I went twice a day.

Q. Do you remember his condition at that time?

A. He said the trip to New York was very severe on him; he was sick going down and coming back on the train, and he was worse every way; I felt that the expedition to New York made him worse, and confirmed his disease whatever it was.

Q. Did you find him sort of enfeebled at the last—?

A. He was complaining of this vomiting and op-
214 pression.

Q. Did he complain of not being able to eat?

A. Yes, he could not eat nor sleep.

Q. That time that you went there you do not remember what you did for him?

A. No; the course of treatment in general, I suppose, would be the ——

Q. (Interrupting) After I get through with the dates I will ask you the general course of treatment; the next time that you went there, when was that—the next day after that?

A. Yes, sir; it is possible I went there in the evening of that day; I don't remember; when it assumed a form of severity I visited him twice a day certainly,
215 or one of us did.

Q. At this time that I refer to now, was he capable of being up about the house?

A. Yes, sir.

Q. Was he in bed at all up to this time?

A. No.

Q. When you went there?

A. No, I think not; he was dressed and in a rocking chair.

Q. The next time that you went there?

A. Every day afterwards.

Q. I would like to trace up his condition in the different days, if I can?

A. Let us see—we are at Thursday now? 216

Q. Yes.

A. Well, he did not improve any for quite a number of days; he kept up his vomiting; kept up his want of appetite and his sleeplessness and this oppression at his stomach.

Q. The next day?

A. The same.

Q. The same thing?

A. So far as I recollect.

Q. Was he gradually growing weaker, doctor, should you judge?

A. Well, no; I don't know as he was growing weaker; he was suffering; his nervous system suffered more than any other of the apparatus of the 217 body, and there was more or less prostration; I very soon began to give him quinine; as near as I can recollect, without referring to my notes, that he could not bear; his stomach rejected it.

Q. Did he complain much of pain in the stomach aside from vomiting?

A. No, sir; it was oppression; you know what that means?

Q. A deathly sickness?

A. That sense of fullness and uneasiness which we have all encountered in our practice.

Q. Did you examine the stomach with your hand?

A. Oh yes, sir.

Q. Did you find it tender? 218

A. I don't recollect; yes, it was considerably tender.

Q. Was there any unusual fullness about the stomach?

A. I examined for that; I examined the condition of the heart; the heart was normal—that is, sound—and his temperature never exceeded the normal standard when he was examined by the thermometer.

Q. About what was the temperature?

A. 98 degrees.

Q. Now, this differs very little from day to day until he died—this same condition of things—does it?

219 A. Let us see — the same condition — well, we thought he was improving and had overcome the difficulty to a great extent; by and by his vomiting ceased, and he could begin to take a little food, and we did not dream of any trouble until that Saturday morning, when he had that chill, as you call it.

Q. That chill?

A. The first one.

Q. How many days, or how long, was it before this chill came on that you decided that you thought he was better and the vomiting ceased?

A. Oh, perhaps a week; I don't remember.

Q. Now, then, during that time was he particularly sleepless?

220 A. He had begun to recover the power of sleep.

Q. Did he at any time lose the use of any of his limbs?

A. No, sir.

Q. Did he talk readily?

A. Perfectly.

Q. Was there any evidence of paralysis or anything of the kind?

A. None whatever; his mind was perfectly clear—no delirium at all.

Q. You had frequent conversations with him, did you, in regard to his condition?

A. Oh, yes, sir.

Q. State to this jury, as near as you can, the gen-
221 eral tenor of that conversation touching his condition and sickness?

A. Well, he would describe how he had been since I saw him before; he would give me a history of what had occurred—whether he had slept or whether he had eaten anything—and from that he would sometimes talk about "pulling through;" that was one of his—

Q. (Interrupting.) Did he seem to think he would pull through?

A. Why, yes.

Q. Was he hopeful all the while?

A. Yes, sir, and I encouraged that hopefulness.

Q. Did he seem to be anxious to get well? 222

A. Yes, sir; in the course of my visits there he unfolded his plans for the future somewhat; he told of the policies that had been issued to him, and what he was going to do.

Q. What were those plans?

A. Well, he was going into some operation in Chicago, I think; he spoke of the amount of insurance, and said he made $10,000 or $12,000 that first year, and he thought his brain was worth $20,000 a year to him; that that was the foundation on which he obtained his policies.

Q. On the day on which he died did you visit him?

A. I did.

Q. What time? 223

A. In the morning.

Q. About the usual time that you had been in the habit of seeing him?

A. Yes, sir; about 10 o'clock; I reached there after he died; he had just died after I got there.

Q. About how long after was it?

A. It could not have been over ten or fifteen minutes; the bell boy came down and rang my bell, and I dressed and went up there as fast as I could; he had just died.

Q. Who was present when you went into the room?

A. Mr. Hull and one of the Spauldings—not the Spaulding here, but the other. 224

Q. Those were the only two persons present?

A. Oh, Mrs. Dwight was there; she was in the front parlor.

Q. Describe to the jury the condition and position of the deceased?

A. He lay on his back, with his head a little elevated, and was dead.

Q. What was his appearance?

A. Well, he was pallid, and the skin was cool.

Q. Was there any staring of the eyes, or anything of that kind?

A. No.

225 Q. Did you notice the condition of the pupil of the eye?

A. No, not after he was dead, I did not; Mr. Spaulding either was holding up his chin, or had just tied a handkerchief under his chin and over the top of his head; I saw that he was dead.

Q. You made no further examination?

A. That is all.

Q. Was there any lividity of the face at all?

A. No, sir.

Q. Rather pallid of the two?

A. Yes, sir.

Q. What was the position of his hands?

A. I forget whether they crossed in this way (illus-
226 trating it) or lying by his side; there was no unnatural position at any rate.

Q. Was his limbs drawn up?

A. No, sir.

Q. Any evidence of the contraction of the muscles leaving him in any unnatural position?

A. None whatever.

Q. You are pretty largely acquainted, are you not, with the geography of the county?

A. Yes, sir.

Q. You have been to Windsor, have you not?

A. Yes, sir.

Q. Do you know where he formerly lived?

A. In Windsor?

Q. Yes.

227 A. Where he was brought up?

Q. Yes; he was visiting at his father's, was he not?

A. No; he was visiting at his father-in-law's, at Windsor village.

Q. How near was that to where he was raised?

A. Four or five miles: he was raised on the hill, this side.

Q. What are the prevailing diseases of Windsor and its surroundings?

A. Well, fevers.

Q. What kind of fevers?

A. They are mostly malarial.

Q. Will you describe the topography of the county as near as you can—the county in the vicinity of which it is alleged he was hunting ? 228

A. It is in the valley of the Susquehanna, near the village of Windsor; the river runs southerly through the village ; the village is along the bank of the Susquehanna, and he in his excursions, as I understood him, would cross the river and go up on the hillside and about the valley; the flats are of considerable extent in the vicinity of Windsor, and he was hunting through the fields and up on the mountains both.

Q. Do you remember how the weather was last September, during the time he was there ?

A. I think it was hot.

Q. Was it hot and dry ? 229

A. Yes, sir ; he told me that while he was out, to quench his thirst, he would get down to any spring he came to and drink.

Q. You have frequently been called over to Windsor, have you not ?

A. Certainly.

Q. Have you not been called over there in cases of bilious fever ?

A. I don't recollect that I was called there for an ordinary case of fever, now ; I don't remember.

Q. Was you ever called over there to consult in cases of any malarious diseases ?

A. No, not that I recollect ; they have competent physicians in Windsor.

Q. Do you know whether they have any diseases there of a congestive chill nature ? 230

A. I have never seen any.

Q. There is a certificate alleged to be a copy of the one that you made out for his burial (handing witness a paper) ?

A. Yes, I presume it is a correct copy.

Q. Now, doctor, you may, if you will, describe the treatment of Mr. Dwight, during the time of his sickness, in general terms ?

A. The treatment was not very extensive, for he was peculiar about it in the first place; and in the next

231 place his stomach rejected it; I undertook to give him quinine, but was obliged to abandon it. I think I gave him next to it the extract of gelseminum.

Q. In how large doses?

A. Five drops.

Q. How frequently?

A. I don't remember; I afterwards gave him Fowler's solution.

Q. When did you begin to give him that?

A. I think after this first chill.

Q. When was this first chill?

A. One Saturday morning; without being sure, I would say three weeks after.

Q. How long before he died?

232 A. He died two weeks from that; had he lived until the next morning it would have been the third return; the third accession of what he called the chill; the next Saturday morning it appeared, and we were prepared for it the next morning, but it came on—something came on—at midnight instead of waiting until morning.

Q. What preparations did you make. You say you prepared?

A. Why we had stimulants ready, and watchers, too; Dr. Dan was there in the neighborhood of ten o'clock and left him; he will, of course, state to you how he left him and what his condition was.

Q. Did you give him many anodynes during the time of his sickness?

233 A. Yes, sir.

Q. How did you give it to him?

A. He used to take opium some and morphine and hypodermic injections.

Q. How much opium did he take at any one time?

A. Not to exceed a grain.

Q. How much morphine?

A. Sometimes he would take—I think, on one or two occasions—a half a grain.

Q. How frequently?

A. It was not administered with regularity; it was administered at night, hoping to induce sleep; we

often gave Magendie's solution, ten drops; a small 234
quantity he would retain—could not get it up—and that also was used hypodermically.

Q. How much morphine did ten drops of Magendie's solution contain?

A. I think there is a grain to a drachm; a grain to a fluid drachm.

Q. Then you never gave him opium or morphine, either hypodermically or otherwise, with any regularity?

A. He took it every day.

Q. Did he take it, at any time, once in three or four hours, or did you give it according to the circumstances? 235

A. I gave it according to circumstances; to meet the emergency.

Q. Now tell us when you began on the Fowler's solution?

A. I think it was immediately following that Saturday.

Q. How much did you give him at a time?

A. I think it was five drops.

Q. That is $\frac{1}{24}$ of a grain of arsenic; how frequently?

A. Three or four times a day.

Q. How long did he continue that?

A. He did not continue it a great while; he got tired of it and said it disagreed with his stomach, or something or other.

Q. How long prior to his death was the last dose 236
given by your direction?

A. Of Fowler's solution?

Q. Yes.

A. Perhaps a week.

Q. How is Fowler's solution eliminated from a system?

A. Well, it is eliminated as all other articles are, I suppose, by the alimentary canal, the kidneys—perhaps the lungs.

Q. Do you think that he took the Fowler's solution, of five drops at a time, more than two days?

A. I think he did; I am sorry I have not my notes

237 here; I wish to be understood that whatever I may say here is from recollection, and if it disagrees with the notes, the notes are true, and my statements here would not be correct.

Mr. D. S. Richards: Could the notes not be sent for?

The Coroner: Could anybody get your notes for you?

The Witness: No; they are locked up.

Mr. Richards; Dan. Burr is here; he could get them?

Witness: Yes, he could get them.

The Coroner: I would be very glad to have them;
238 because I would like to complete this testimony as far as I can.

Witness: (Addressing Dr. D. S. Burr.) Will you go and get them?

Dr. D. S. Burr: If you say, certainly.

[Dr. Burr, Jr., here left the room.]

Q. When Col. Dwight had this first bad spell, how did you regard that?

A. I saw him in the midst of it; he was shaking violently; it was a great prostration; he was breathing with difficulty, and his nervous system was apparently suffering severely, and after the course of one-
239 half an hour's applications of stimulants—frictions—he began to get warm again, and in an hour or two he was very comfortable.

Q. Was he then out of his mind—when he had this first attack?

A. I think not.

Q. Did he complain any of pain in the stomach at that time?

A. Yes, sir, there was great oppression.

Q. The most pain that he had about his stomach was this oppression?

A. Yes, sir; and there was a great deal of difficulty about his breathing; his respiration was irregular.

Q. Was the action of the heart irregular at any time? 240

A. No, sir, it never was irregular except what you would naturally suppose or expect from such a condition.

Q. What was the condition of his pulse at that time that he was bad off—the first?

A. Very feeble.

Q. What was the condition of his skin?

A. Cold; whether there was a perspiration—clammy perspiration or not, I forget; why, he had every appearance of a pernicious chill, such as is seen elsewhere.

Q. After this chill, and he began to get warm, did his temperature come up to more than the ordinary temperature? 241

A. No, sir, there never was febrile reaction; I will explain here that between these weekly attacks there were days when there would be something resembling a chill; a slight coolness or loss of temperature, and something after the fashion of the double type of fever which we sometimes have; it seemed to take that form, but after the accession of these violent paroxysms, they came on regularly every Saturday morning.

Q. Is it, or is not, a common practice in diseases in the way of chills, particularly that where the system becomes depressed, that you get a correspondingly high condition of the temperature? 242

A. Where the paroxysm is regular you have an exacerbation of fever, but there are a large class of malarial diseases that are not followed by reaction.

Q. Well, I suppose, of course, it is generally well known that we know very little of what malaria is?

A. I know it.

Q. But we can determine perhaps the effect; now then, in your judgment and in your mind, and what you have seen of these malarious diseases, of what nature is their action upon the system; do they act as a stimulant, as a sedative, as a narcotic?

A. It depresses the powers of life, and malarious poison is sufficient to destroy life.

243 Q. They lower the standard of vital force?

A. Yes, sir; use it up.

Q. Do I understand you in this chill that you have described, as meaning to convey the idea that the reason why this reaction did not come on was that he did not fully recover from the effect of it, or that this poison was in the system and he never overcame the effect of it?

A. That is the probable view of it; that the reaction—there was not force enough for it, or whatever the depressing agent or power was it did not react upon it; you witness that very often in the field; you yourself have seen hundreds of cases and I have too.

Q. Have you been in the habit of treating malari-
244 ous diseases more or less during your lifetime?

A. Yes, sir; my judgment is that the most of our fevers in this City are of a malarial character; if any of the medical men will turn to the transactions of the State Society of 1856 or 1857, they will find a paper which I prepared on that subject, in which I advocated the idea that the most of our fevers were of a malarial order.

Q. You, of course, being in general practice have been in the habit of treating these malarious diseases in the mild and more severe forms?

A. Our fevers are usually of a mild character in this whole range of country; occasionally you will have, as they did at Windsor, when they were build-
245 ing that railroad; if you remember they had a succession of autumnal fevers, following the breaking up of a bed of the road, and it was very virulent and fatal to a great many.

Q. Have you ever seen a case of what you might call congestive chill before?

A. Yes, sir; I have seen severe congestive chills.

Q. Have you ever seen them to the extent of producing insensibility?

A. I do not remember; I have not any clear case in my mind.

Q. When Col. Dwight had these spells was there any congestion of the eyes?

A. You use the term congestion ; that is objection- 246
able because it assumes a hypothesis, but you may have the vital powers depressed without active congestion, you know.

Q. Have a stasis?

A. Yes, sir.

Q. During any of the time that you were attending him did you leave medicines to be given to him at will, or according to circumstances?

A. Yes, sir.

Q. If so, what?

A. He had spirits of ammonia on hand and he had other stimulants.

Q. Was the hypodermic syringe left with him to use? 247

A. I think not ; Dr. Dan—I think he used it mainly ; he knew about it.

Q. Of the gelseminum you gave the fluid extract?

A. Yes, sir.

Q. How often did you give that?

A. I think two or three times a day ; he complained a good deal of nervousness and some pain ; I used it sometimes ; I don't like to use it much, but I resorted to it in this case.

Q. Did you leave the gelseminum ; did you send a prescription out to the drug store yourself or did you have it yourself?

A. I think I took a ½ ounce vial and took it up there. 248

Q. Did you leave it there ?

A. Yes, sir.

Q. Have you seen it since ?

A. Yes, sir ; it was not returned to me ; I think it was found among the medicines, and, by the way, when I gave it to him and told him what it was, he said : " That is the very medicine that they gave me in Quebec ; I was sick there one time and they gave me that medicine and it benefited me very much."

Q Did you see this vial after he was dead ?

A. The vial of gelseminum ?

Q. Yes.

249 A. I think I did.

Q. Do you know how much was gone of it?

A. Very little was gone; he did not take it long; he was capricious about his medicines—very.

Q. These congestive chills that have been spoken of, did they come on at regular intervals?

A. These weekly ones?

Q. Yes.

A. Every Saturday morning—that is, about two Saturday mornings and then the fatal one; the third one, which is said to be the most fatal, occurred between 11 and 12 at night the night before; it did not wait until morning.

Q. Did you wait long after he had this severe chill
250 that first time? did you wait a great while after he got over the chill, or were you present for some little time afterwards?

A. We stayed there until we deemed it safe to go; you must remember that this case did not develop this first week into much of anything except this nausea; I will read the notes if you say so.

Q. Yes?

(The notes having been brought and placed in the witness's hands, the examination continued).

A. October I was with him as follows:—

Q. (Interrupting.) Now give us from the memo-
251 randum that you have, every day you visited him there from the time you first went to see or he came to see you, as near as may be practicable?

A. I will as far as I can; "first day prescribed for him opium, two grains; calomel four grains divided into two parts, one to be taken early in the evening, the other at bed-time; October 12th, reported that the calomel had favorably acted for the bowels, but opium had failed to induce sleep; prescribed sulphate of morphine, one grain to be divided into four parts, one to be taken at a dose, and to be repeated through the evening as might be necessary; October 13th, there was no febrile reaction and the pulse was normal; he

was sitting up and dressed, pain relinquished but had 252
not slept; both sounds of the heart distinct and——"
something or other—very naturally distinct; "I gave
him fifteen drops of Magendie's solution of morphine,
at 8 P. M.;" I said ten; it seems I gave him fifteen——
"with directions to repeat at ten o'clock, if necessary;
also a solution of bromide of potassium, one drachm
to the ounce; at half past eight, morning, October
14th, patient passed a comfortable night; had slept
considerably, tongue less coated, skin moist; as had
had no movement of the bowels gave calomel, six
grains; a solution of bromide of potassium, one drachm
every three hours; October 15th, temperature, at nine
in the morning, as ascertained by Dr. D. S. Burr, 98°;
October 15th, at 8:15 was in bed; had not had a com- 253
fortable night; could not sleep;" this was at 8:15 in
the morning;" at 2:30 P. M., the Col. expressed himself
better and had determined to go to New York, which
he did at 11 P. M. on October 15th; October 18th,
next saw Col. Dwight—Dr. D. S. Burr, having
visited him on the 17th; he came up from
New York during the night of the 16th; he com-
plained that his trip there tired him very much; had
been quite sick on the cars, vomiting and so on;
November 1st.—Since last date, have been in daily
attendance on the patient. Symptoms, sleeplessness,
entire want of appetite, loathing of food and vomiting
frequently of contents of stomach—mainly drinks he
had taken; for the last few days there were many in-
dications of amendment; less nausea, more toleration 254
of medicines and less repugnance to food; the day
before was sitting up, and expressed himself as feel-
ing much better than at any previous time since the
attack; on rising from his bed this morning"—let us
see, that was the first day of November—"on rising
from his bed this morning he went to the outer door
and unlocked it to admit the boy who made his fires,
when he suddenly became faint and fell back upon his
bed, unconscious; the symptoms were those of a con-
gestive chill; stimulants and other restoratives were
immediately employed and in the course of an hour

255 he was able to speak." Now the record is not continuous until November 8th. "At 9 in the morning gave ten minims of Magendie's solution; at 9 A. M. gave ten drops of Magendie's solution; at 9:45, ten more, and left ¾ of a grain of Magendie"—well, this is an error—"¾ of a grain to be taken at 11; slept two hours; at 2 in the morning took one grain—" it is put down "of Magendie," it should be morphine, I suppose; this was Dr. D. S. Burr's memorandum; the course of treatment was to keep him quiet; it took larger doses to control him than it does many others, and the use of morphine was carried to a considerable extent, but at no time, under no circumstances, did he show any bad effects from it;
256 none whatever.

Q. I suppose, Doctor, that these malarious causes or the cause which produced these congestive chills—as you term them—is supposed to be about the same thing that produces intermittent fever and remittent fever?

A. Yes, sir.

Q. Now, we have chills in ordinary intermittent and remittent fevers that come on every day?

A. Yes, sir.

Q. Every second day?

A. Yes, sir.

Q. Every third day?

A. Yes, sir.

Q. Every fourth day?

257 A. Yes, sir.

Q. With regularity?

A. Yes, sir.

Q. Now, have you heard before of any malarious disease that assumed that type, where it came on at a longer interval than that?

A. I have.

Q. Have you ever seen any such before this one?

A. Yes, sir; in the paper I referred to I think I cited a case that occurred in my own practice a good many years ago, where a chill came on every Wednesday morning, just as regular as——

Q. (Interrupting.) Have you any authority in any 258
of the books, whereby you can turn to something that is authentic in regard to these chills coming on at regular intervals?

A. Yes, sir.

Q. At a longer period than four days?

A. Yes, sir.

Q. I should be glad to have you produce it.

A. If you will take up the volume of Zimmerman's Encyclopœdia, under the head of "Malarial Fever," in his introduction, you will find he refers to writers who described an interval of fifteen days, and even thirty days.

Q. At regular intervals?

A. At regular intervals; and if you will take up 259
Flint's Practice, he recognizes the same thing; George B. Wood in his practice recognizes the same thing; Daniel Drake in his work, on the "Diseases of the Mississippi Valley," also recognizes that; I think the fact is well established, that you may have longer periods than tertian or quotidian types?

Q. Have you got anything, Dr., that will give us any further insight into this case; any authority that you desire to bring forward?

A. I will supply the Coroner when he gets ready to refer to it with all the works that I have referred to, and more too.

Q. Now then, did you ever have any conversation with Col. Dwight, as to his sickness in Chicago par- 260
ticularly?

A. Nothing definite; he said he was sick there a few days; I don't know but a couple of weeks; he had a doctor three or four times.

Q. Do you know what business he was engaged in?

A. No, sir.

Q. You have been in Chicago haven't you?

A. A good many years ago, I was in Chicago.

Q. Do you know anything about its topography?

A. Yes, sir.

Q. What are the prevailing diseases there?

A. Malaria; it is built on a level plain, as you know;

261 they have had in fact to build it up on the mud, and on that they have raised buildings and streets.

Q. Are the streams swift or sluggish?

A. Sluggish; the river there you know is very sluggish.

Q. Is the country about there very hilly or flat?

A. Flat; not a hill to be seen.

Q. Do you know whether they have congestive chills in Chicago or not?

A. Only by report.

The Coroner: Gentlemen of the jury, I would like to have you examine Dr. Burr on this point of malarial diseases. You are probably more familiar with it than I am.

262 By Dr. Bassett:

Q. Allow me to ask you, after Col. Dwight's return from New York, were the symptoms prominent enough to enable you to make a diagnosis?

A. No, sir; not so soon as that; the case did not develop so that you could make much out of it at all for ten days or two weeks; I don't remember.

Q. Rather in the dark?

A. Yes, sir; he would tell you how he was; there was nothing in the dark about it, but I presume we all of us, in the course of our lives, have had to await the development of a case before we could get a clear idea of it.

263 Q. Now, as I understand you, he complained of a fullness; was there a degree of flatulence about his stomach and bowels?

A. Not at all; I will state that he had nothing like flatulence or any such condition of the bowels or tenderness, except at one spot.

Q. Where was that tenderness?

A. At the epigastrium.

Q. None over the liver?

A. None whatever.

Q. Over the bowels?

A. I will say there was no evidence of any derangement.

Q. What was the condition of his tongue? 264

A. It was slightly coated at first, but it soon became clean; whatever the morbific cause was, its force was soon spent upon the nervous system.

Q. Did his tongue at any time appear red?

A. No, sir.

Q. Or dry?

A. No, sir, it was not; his tongue was not dry, as we have seen it in cases of fever, a single minute; I was visiting him for thirty-five days.

Q. Was there any normal disease of the liver?

A. No, sir; we made some examination of the urine.

Q. Were the bowels torpid?

A. No, sir; no diarrhœa, but five grains of calomel would act on the bowels as nicely as it ever did on 265 anybody.

Q. Did he ever reject calomel?

A. I don't remember; I did not give it many times; the only object in giving it at all was as a laxative.

Q. You did not give any of the calomel as an alterative?

A. No, sir.

Q. Did the calomel operate as a cathartic without giving anything else?

A. It did; it acted kindly on him; he so expressed himself.

Q. Did it when it was combined with opium?

A. My notes here say that the first calomel and opium that I gave him—that the calomel acted kindly 266 and well, but the opium did not; it did not induce sleep; I think I did not give it in combination after that.

Q. After this first chill that you speak of, was there any tenderness then about the bowels?

A. No more than there had been; he began to recover; to tolerate his medicines better and his food; there was less of that loathing of food.

Q. But, notwithstanding, occasionally he vomited?

A. Yes, sir, he would occasionally; sometimes days he would have a spell of vomiting; it was what I call this—regarded as the double form of the attack;

267 would manifest itself more by paroxysm of vomiting than in any other way.

Q. Was that manifested more particularly just previous to the chill?

A. No, sir.

Q. That made no difference?

A. It did not seem to.

Q. Did he complain of pain in the head during this time?

A. No, sir, not at all; this chill—if you recollect, he got up and went to the door, opened it—the front door—the boy was coming in to make his fire, in the morning; he was suddenly taken with it and fell on his bed and rallied when I administered stimulants.

268 Q. Did he at that time show any peculiar color of the skin—yellow?

A. No; no discoloration, except at times; during these spells his skin would be pale.

Q. Did he exhibit anything of it in the eyes?

A. No, sir; his eye was as clear as it ever was; there was no disturbance in the brain at all during the course whole of his sickness.

Q. And the membrane of the mouth and tongue—was that of a natural color?

A. Yes, sir.

Q. No yellowness about it?

A. No, sir.

Q. After this first chill, as I understand you, there

269 was no exacerbation of fever?

A. No, sir; he rallied sufficiently—there was sufficient reaction for the circulation to re-establish itself, for the breathing to become natural again, but nothing beyond that.

Q. Isn't that contrary to the effects of malarial poison?

A. No, sir, it is not; malarial poisoning is often—perhaps oftener than the other—followed by reaction, but in the regions where congestive chills prevail mostly—a large majority of them—it is followed by the reaction, but that is not essential to the character of the chill.

Q. Was it followed by a sweating stage ? 270

A. No; I don't recollect that there was a distinct sweating stage.

Q. Following any of them ?

A. At no time—that is, a distinct sweating stage; neither was there a well marked chill, except these three, in one of which we suppose he died.

Q. When he was in the chill was he cold and clammy ?

A. He was cold and clammy, and his nervous system excessively agitated—shaking.

Q. What was the nature of his pulse ?

A. I could hardly perceive it.

Q. I think you said there was no abnormal condition of the heart at the time ? 271

A. No, sir ; I had examined him a few months before, when he was making his application, for a disease of the heart, and I examined him after he was taken sick and the heart was perfectly natural; the rythm was perfect ; no signs of any unnatural condition of the valves.

Q. Dr. Burr, in a case of intermittent fever induced by malaria, is it not generally, or, I might say, almost constantly, followed by an exacerbation of heat ?

A. That is the rule ; but you have exceptions to a good many of them where it is not.

Q. I am speaking of this one.

A. That is the rule ; in a regular paroxysm of intermittent fever, you have a marked cold stage followed by the hot stage, and then the sweating stage. 272

Q. In a case where it occurs every other day—remittent fever—wouldn't that be the case ?

A. Yes, sir.

Q. That would originate from malaria ?

A. Ordinarily we ascribe the cause of intermittent and remittent fever to malaria, but we don't know what it is; we have not seen or smelled it or tasted of it; it is not tangible; there are several stages that it consists in.

Q. How do you make up your mind to believe that they can occur once in seven or eight days, followed

273 by no heat, when in cases of malaria, as you say, they are followed by heat and cold and sweating?

A. Why, one is a regular paroxysm, and the other is an irregular one and don't manifest it; don't have all the characteristics of the others; I once heard old Dr. Chapman, in speaking of congestive chills, he said that it was an abortion, that the fever aborted—didn't go through; the patient died before the——

Q. (Interrupting.) The system didn't act?

A. The system did not act; that is the term he employed, and you will find all of the writers will speak of what is called congestive chill as a prolonged chill; nothing else; Drake expresses it so, and Bartlett.

Q. Well, under those circumstances from a malarial
274 disease would you look for any internal engorgement of an organ or inflammation or anything of the kind?

A. You frequently find the spleen and liver involved, but you may have death occurring from pure malarial disease, and still the post-mortem appearances are not well marked at all; if you will take Dr. Swett's report of cases in the New York hospital some years ago, during his life, he gives a great variety of morbid appearances and changes, and in some you do not find much of any.

Q. All you can say about that, is, that this malarial poison is generally uniform in its action, but there are different varieties of them?

A. The rule is that they are uniform, but there are
275 a great many exceptions; I don't know that I have ever had malaria myself or been bitten by it, but I have an idea that there is no one cause of disease in our country that works so many changes, and modifies other diseases as much as that one agent; I see it almost daily.

Q. Can we have an intermittent fever without malarial poison?

A. No, sir; I suppose that is an essential element in a fever; we cannot have typhoid fever without the typhoid contagion; we could not have typhoid fever without exposure to the typhoid poison.

Q. What do you apprehend the malaria to rise from?

A. Well, now you have got me. 276

Q. I come to that because you say that——

A. (Interrupting.) The general impression—you know very well it has not been demonstrated; we suppose it is some emanation from the earth: I suppose it is; you plow up a prairie in the West and you will have chills and fever soon following.

Q. Is it not, as a rule, thought to arise from vegetable decomposition?

A. It is supposed so.

Q. Which is an enriched soil?

A. That is the popular idea; but it has not been demonstrated—the nature of malaria—as some other influences have been.

Q. Do you think that in a gravel soil you could look 277
for intermittent fever there?

A. No, not as a rule.

Q. Isn't this rather a gravelly basis?

A. Yes, sir; most of this vicinity is the drift from the Chenango Valley—our soil is; but we have swamps; places where there is low ground and swampy ground where the gravel did not fill up.

Q. Now allow me to ask another question; you say after that chill you had administered Fowler's solution of arsenic?

A. Yes, sir.

Q. Why did you administer that; what was your idea?

A. Because, next to the quinine, I thought it per- 278
haps better.

Q. What, as a rule, would you administer when there was any tenderness of the stomach, or vomiting?

A. It would depend upon the cause; tenderness of the stomach don't necessarily imply that you have got an inflamed condition of the mucous membrane; it certainly was not the case with Colonel Dwight, because the post mortem showed that the stomach was not inflamed.

Q. After giving Fowler's solution, was the stomach more irritable than it was before?

A. No, sir; it made it less, if anything.

279 Q. Quinine he could not take?

A. Oh, it did not agree with him.

Q. How much morphine did it take to produce sleep, administered hypodermically?

A. According to the notes—Dr. Dan. administered that mostly—fifteen drops I would inject of Magendie's solution, which is a grain of morphia to a drachm of water, I think.

By Dr. Andrews:

Q. I would like to ask the doctor in regard to the pulse during the sickness—whether there was any change in the frequency or uniformity?

A. No, sir; the circulation was uniform and natural.

280 Q. It seldom rose above 70° or 80°?

A. No, sir.

Q. Were there distinctly marked, objective symptoms in his case until a week or two prior to his death; did you notice anything especial in his case that you would not observe except by questioning him; was there anything especially marked in his case that you would not observe except in answer to questions?

A. No; I don't think there was.

Q. Not until a late period?

A. Not until a late period.

Q. Do you know whether he was elsewhere in the West than at Chicago?

A. I know something of his history; I don't know
281 whether he had been West; I know he was engaged, or learned that he was engaged, in extensive lumbering business in the vicinity of Williamsport, Penn., and on those lumbering creeks; you know he commanded a regiment in the field during the war and was at the battle of Gettysburgh.

Q. Did he refer more especially to his location prior to his return home the last time; whether he was in malarial regions or not?

A. I thought you included in reference to his exposure, and I will say that I regarded the Dwight House as about the most unhealthy location we had in Binghamton; I may say why—simply because the

ground around it was made up and filled with all the 282
debris of every bit of earth that could be got and drawn there; it was deposited on the street and around the Dwight House to make this plateau and I know that the first year or two that the house was run people got sick and needed a doctor, but after a short time they got accustomed to it, or whatever the cause was it had worn itself out and then it was healthy enough, but I have every reason to believe that for the first year or two the Dwight house was an unhealthy location on account of its being filled up by dirt drawn in there.

Q. Do you know whether at the time of this visit to Chicago, when he was taken sick, whether he was 283
further west than Chicago?

A. I do not; I think, if I am not mistaken, he did tell me that he went to St. Louis on some errand.

Q. Have you knowledge of a person's residence in intensely malarial districts, in which during the period of that residence, the patient would remain in usual health, but upon returning to a healthy locality—I mean a locality free from malarious diseases—would be taken with malarial fever?

A. Yes, sir; I think that is a part of the history of malarial fever.

Q. Would you judge, from your knowledge of this case, that this fever was contracted during his visit West—his last visit—manifesting itself upon his return here? 284

A. Well, I think there was evidence to warrant that conclusion; his sickness in Chicago was of that character, but he apparently recovered; was sound and well in the mid summer.

Q. Do you know whether it is the character of that disease to manifest itself more especially on the return of cold weather, after a person has been exposed in a malarious section during the warm weather?

A. I think our spring intermittents are of that character; certainly the exposure could not have been had except in the fall before—August or September—and yet in March and April we very often see ague and fever.

285 Q. Have you known of cases where they would be taken sick with malarious symptoms after a considerable lapse of time after returning home from malarious districts?

A. I have known cases where I thought for years the patient felt the influence of previous malarial exposure; it had taken place the year before; I have no doubt of that in my judgment.

Q. Would you find those symptoms more distinctly marked when the patient had been under depressing influences?

A. I think it is very likely; I think that would be the case.

286

By Dr. Esterbrooke:

Q. You know, Doctor, he had slight chills before this shock?

A. Well, they were not chills exactly; they were exacerbations—something like the vomiting, which would increase--and some nervous sensation.

Q. They had no regularity?

A. No; they were not so regular.

By the Coroner:

Q. During Col. Dwight's sickness was Dr. Orton called?

A. He was.

287 Q. How long after he was taken sick, or what day, was he first called?

A. I forget whether he was called the day that he had that first chill, or whether he was called prior to that; still, he was called, I think, that day, and Dr. Porter, of Albany, came on Monday following, I think—Monday or Tuesday.

Q. How did Dr. Orton come to be called?

A. Because we wanted him.

Q. Did you send for him?

A. Yes, sir—suggested it; the case was getting grave, and we felt, of course, a good deal of anxiety; I never had a case where I had so much anxiety in

my life; the peculiar circumstances, the peculiar re- 288
lations in which he stood to the insurance companies, and then the responsibility of his sickness, all made it desirable that some one else should share the responsibility, and I told the agents of the companies, and sent to Albany and New York to get a physician —anyone—to come, and if he had any advice to give us, to help us, and Dr. Porter was sent here; I never knew what his opinion of the case was; he did not give us any particular advice.

Q. Did he suggest any change of treatment?

A. He did not; he spoke—he had a clearer view of what we call the chills perhaps; he spoke of the great danger in which he would be should they return.

Q. I wish you would read over that autopsy (hand- 289
ing report of first autopsy to witness)?

A. Shall I read it.

Q. Yes; I desire to ask you some questions relating to it?

A. I am ready, I guess; I am not unfamiliar with the document.

Q. This is the document you signed, is it Doctor?

A. I suppose it is a copy of it.

Q. You were present at this autopsy held on Col. Dwight, the next day after he died?

A. I was.

Q. (Quoting) "Dr. Swinburne notes a heavy inden-
tation extending upwards and backwards from os- 290
hyoides to right around back of neck, and on left side below the thyroid cartilage, running upwards and backwards at an angle of about 45°; Drs. Swinburne and Ayre think this is caused by the bending of the head and neck backwards"; was that your opinion, Doctor?

A. It was; I would say here there were no signs of any trouble in the neck, as he lay dead in bed, at all.

Q. You were first called, were you?

A. Yes, sir.

Q. As long as you endorse this as being the fact in regard to that whole *post mortem*, that makes this evidence; now, have you any suggestions or changes

291 that you desire to make, in regard to this autopsy, in your opinion?

A. No, sir; I will say that this was read over very carefully in the presence of all the gentlemen present, and amendments were suggested where there was any omission, until all were satisfied, and then the document was signed.

Q. Did Dr. Swinburne take a good deal of interest in this autopsy?

A. The Doctor appeared to be interested and was accorded the second place in the examination; Dr. Francis Delafield was sent up by the Equitable Life Insurance Company, and he reached here Sunday morning; I saw him that day, on Sunday, and told
292 him that we would leave the matter of the *post mortem* to him; were glad to have him make it; and Dr. Swinburne came Monday morning.

Q. Did he object to Dr. Delafield's making this *post mortem*?

A. Not to my knowledge.

Q. This was signed by Dr. Swinburne without any objection, reservation or desiring to make any change in your rending?

A. When it was read he made one or two suggestions to correct it.

Q. Was that corrected according to suggestion?

A. Yes, sir; and I remember making some myself, so as to have it satisfactory.

293 Q. You made a certificate of death—that Colonel Dwight came to his death by malarial poisoning?

A. Yes, sir.

Q. What is this *post mortem* as stated here—is there anything in this *post mortem* that has changed your conclusion in regard to the cause of death?

A. No, sir; it is not inconsistent with that view, at all.

Q. I notice in this autopsy that it says there was some congestion of the brain—of the membranes of the brain?

A. There was some oozing of blood, I think; (reading from autopsy) "Skull cap of normal thick-

ness and density ; inner surface of skull cap normal ; 294
dura mater, external surface adherent to skull ; pacchionian bodies unusually large and perfect through the dura mater ; Dr. Swinburne wishes to note the oozing of blood from dura mater opposite point in skull where it oozes ; inner surface of dura mater, on left side, chronic hæmorrhagic pacchy-meningitis, with a small extravasation of blood on the left side over the posterior portion of the parietal and anterior portion of occipital lobes ;" otherwise, the arteries of the brain and sinuses, as we call them, were natural.

Q. Did you, or not, regard this post mortem as a satisfactory one at the time ?

A. Well, I did, most assuredly ; it was very thoroughly done, I thought, and very ably done.

Q. You stand by your certificate of cause of death ? 295

A. I do, until it is upset.

Q. Do we, or do we not, Doctor, frequently witness or know of persons dying without leaving what we call structural diseases there ?

A. Lesions ?

Q. Lesions.

A. I suppose so, yes, sir ; I suppose you may have the cause of death ; suppose you took prussic acid and died in a minute, you could not have much of a lesion.

Q. I mean a natural death ?

A. Oh, I suppose so.

Q. A person dying of fever of any kind, do you, or 296
do you not, get much structural changes to the naked eye ?

A. It depends upon what fever you have, I suppose ; there are some lesions which accompany a run of fever, and they vary according to the nature of that fever ; the diagnostic marks of typhoid fever are well understood—diagnostic lesions ; so with typhus ; but with malarial fever, you do not have that regularity ; whenever you have morbid changes, you have it greatly diversified ; in the case of Col. Dwight, you see the agminated glands—one or two patches—were swollen and not ulcerated ; although he had been sick

297 six weeks, there was no ulceration of these glands, nor the solitary glands, either; only one or two patches, that is all.

Q. When you went up to this *post mortem*, you recognized that body as that of Col. Dwight?

A. Yes, sir.

Q. You were present at the examination yesterday?

A. Yes, sir.

Q. Did you recognize that as Col. Dwight's body?

A. Yes, sir, that is Col. Dwight's body.

Q. Beyond any reasonable doubt?

A. Yes, sir; changed somewhat.

Q. In that *post mortem* examination which was held yesterday, were there any other revelations other
298 than were revealed before in the *post-mortem?*

A. I did not catch any myself; nothing revealed to me about it.

Q. You were present most of the time?

A. Yes, sir; I did not crowd up like many; I had confidence in the men that were there and knew a proper record would be kept of the examination.

By the Coroner:

Q. Is the record of the proceedings written out?

Mr. D. S. Richards: The record of the proceedings as kept by the stenographer is written out; nothing else that I think of.

The Coroner: Do you think of anything else that
299 you desire to ask him, gentlemen; remember that you are to inquire into all the circumstances connected with his death?

By Dr. Andrews:

Q. I would like to ask the Doctor what he considers to have been the cause of vomiting, and if he has any theory in his mind?

A. Well, the morbific cause; the impression was made upon the nervous system, and the vomiting was a reflex movement.

Q. Do you think there was any arrest of absorption

in the stomach because of depression in the nervous 300
system?

A. No; I think the depression was the cause of whatever gastric derangement there was.

Q. Do you think the absorption from the stomach took place about as usual?

A. Yes, sir; if it retained the food it did; to retain it was the great trouble.

Q. At this former *post mortem* examination there were some parts taken away, were there not?

A. I understand so.

Q. You did not have any of them?

A. No, sir.

Q. Nor do not know what became of them?

A. I know this; they were being put up, and the 301
understanding was that Dr. Swinburne should take a portion, and Dr. Delafield a portion, and a portion should be retained by the friends; I think Dr. Orton has the other.

The Coroner: Anything further gentlemen?

By Dr. Spencer:

Q. Is it not usually, if not always, the case in a congestive chill to have congestion of the internal organs more or less marked?

A. That is where the mistake comes in of using that term; it implies conditions not necessary; there is a stasis of the blood.

Q. An engorged condition? 302

A. No, not necessarily; it used to be regarded that the chill—the cold stage—was a stage of congestion, and hence, Mackintosh, I remember, recommended bleeding to shorten the chill; the older physicians recollect that frequent bleeding in intermittents, but I think the more prominent phenomena are of a nervous character, instead of being one of congestion; I guess now you have gone to the bottom, haven't you?

By Dr. Bassett:

Q. Dr. Burr, in the first autopsy was there any ap-

303 pearance of inflammation of the bowels or stomach, in the least?

A. I must refer you to the certificate, sir, of the autopsy; not of recent inflammation; it was that the stomach showed signs of chronic gastritis, but it was not of any recent origin at all; the only indications in the smaller intestines were the swelling of the solitary and agminated glands, if I recollect right; I am not now speaking from the certificate, but my recollection.

Q. This is the sixth point—the condition of the spleen increased in size and soft; is that the case?

A. (Reading.) "Spleen, weight three quarters of a pound; normal in color; consistence a little soft."

Q. Seventh, "The existence of chronic inflamma-
304 tion of the stomach and the absence of acute inflammation?"

A. (Reading from the autopsy.) "The stomach at the fundus, mucous membrane softened and partly destroyed by *post mortem* changes; pyloric end of stomach, mucous membrane studded with small white spots, denoting chronic gastritis;" Dr. Delafield, in explanation of those small spots stated that they were little collections of purulent matter the size of the head of a pin or a little larger.

Q. What did you say was the condition of the glands —the agminated glands and the solitary glands.

A. "Small intestine, contains a moderate amount of fluid fæces; the duodenum a little congested and a
305 little swelling of the solitary glands in its upper parts; jejunum, upper part, mucous membrane not conjested; a single agminated gland swollen; ileum, upper part moderate congestion and some increase of mucus: agminated glands a little swollen; lower portion of the ileum, general congestion and pretty marked swelling of the solitary and agminated glands." That was the way it was.

Q. Would you not think that the vomiting occurred from the previous inflammation of those glands?

A. No, sir; I do not; those glands having been inflamed six weeks, would have produced something besides a very little swelling of them? It was six weeks.

Q. Would there not ordinarily be a little tenderness 306
over the region of the bowels if these glands were inflamed?

A. Usually in typhoid fever where we suppose that lesion to be the prominent one, there is tenderness on pressure, usually.

Q. And if you knew that to be the case, would you administer arsenic in any form?

A. If there was any chronic inflammation of those glands?

Q. Yes.

A. Yes, sir, I might; the inflammation of those glands would arise from a cause where it would be necessary to give arsenic.

Q. In case you administered arsenic under those 307
circumstances, would it not irritate those glands?

A. No, sir; five drops of Fowler's solution would not.

Q. Is it not generally supposed that arsenic is an irritant of the stomach and bowels?

A. Yes, sir, that is its poisonous effects.

By the Coroner:

Q. The small doses of arsenic, Doctor—what is the physiological effect of them?

A. Tonic.

Q. Purely a tonic?

A. And a periodic, as it is termed.

Q. Are they frequently given in chills? 308

A. Yes, sir.

Q. Or malarious diseases of any kind?

A. It is.

Q. It is usually given, is it not, where there is this sickness of a person at the stomach, there being so little taste to it that it is not thrown off?

A. Yes, sir; it is tolerated often under those circumstances, under the *similis curanter* principle.

Q. That is a good enough principle to start on here; now, then, when you first saw Col. Dwight, and went in there and found he was dead, there was not

309 any of the indentation that was spoken of in this autopsy, was there or was there not, on his neck?

A. No.

Q. Now, when we come to make this *post mortem* examination there was this note made by Dr. Swinburne; how do you account for that indentation?

A. Well, he had been in the ice-box, and I don't know how much the skin was frozen, and the head had been in a peculiar position to accommodate it to the box; it was thought—I did not pay much attention to it; I did not think it very significant of anything.

Q. Was there anything about that indentation to call your attention to it?

310 A. No, sir; it is proper at all autopsies of that character to notice everything.

Q. Did you notice more color about the neck than at any other portion of the body?

A. Of ecchymosis or anything of that kind?

Q. Yes, sir.

A. No, sir.

Q Was there any appearance of there having been any violence used about the neck?

A. No, sir.

Q. Did you read the report Dr. Delafield made; do you remember?

A. I read something in the *Herald*, but whether it was his official report or not, I don't know; I don't

311 know whether it has ever been given out at all.

Dr. Bassett: Here is the report (handing a *Herald* to the Coroner).

The Coroner: Let me see this.

The Witness: I never knew what Dr. Delafield's opinion in the case was, and do not now; it was stated that Dr. Delafield said there was no evidence of there being malarial poisoning; but that cannot help you; if he did not have the evidence I did, in my

judgment, that is all; I had opportunities that he did not have in the case. 312

Q. You say that you never gave Col. Dwight larger doses of morphine than about one-half a grain at any one time?

A. I don't remember; Dr. Dan. will tell you more about that.

Q. You never gave him as much as two grains at one time?

A. I don't recollect; I think not; the Colonel sometimes would take an extra dose if he could not sleep.

Q. Himself?

A. Yes, sir; but as I said before, there was never the slightest indication of an overdose of morphine.

Q. In this report, as alleged to have been made by Dr. Delafield, I see it says: "During severe pain morphine was given in large doses by the mouth and hypodermically. There is no evidence of opium poisoning. The bowels were always constipated, unless moved by medicine. Dr. Orton's opinion is, that these paroxysms were congestive chills, and that the patient died in a congestive chill." 313

Recess was here taken until 2 P. M.

AFTERNOON SESSION.

314

APRIL 24th, 1879.

Dr. George Burr's examination resumed:

By the Coroner:

Q. Dr. Burr, in any conversation which you had with Dr. Delafield concerning this death, do you ever remember of saying that you had given Colonel Dwight as many as two grains of morphine as a dose at any one time?

A. I don't remember as I told him so; I don't recollect having much conversation with him in

315 relation to the treatment of the case; I spoke of the pathology of the case, and a very short conversation at that; Dr. Delafield took a copy of the notes that I had here, that I read from this morning; I don't know that I gave him myself a dose of morphine; the directions were—the understanding between my son and myself was—that Colonel Dwight must be kept quiet under the influence of morphine, whether he took a larger or a smaller quantity.

By Dr. Spencer:

Q. These notes that you have read from were notes taken from day to day, as the case progressed?

A. Yes, sir; but they were not complete; I thought
316 the colonel was going to get well, and it was not necessary to carry it out; that is the truth about it.

The Coroner: Anything further gentlemen; if so, that is all I care for at present.

Elias Ayres, sworn:

By the Coroner:

Q. Mr. Ayres, where do you live?

A. Binghamton.

Q. How long have you lived here?

A. Since I was seventeen years old.

Q. Were you acquainted with Colonel Dwight, deceased?

317 A. Yes, sir; I was acquainted with him; have known him ever since he first came here.

Q. How long ago was that?

A. I could not tell how many years.

Q. Several years?

A. Yes, sir.

Q. Were you in any wise intimate with him?

A. No, sir; not particularly.

Q. Had conversation with him frequently?

A. I had.

Q. What is your business?

A. Undertaker.

Q. Was yeu called upon in a business way to pre- 318
pare Colonel Dwight for the burial after he died?

A. I was.

Q. Who sent for you; who came for you?

A. The bell boy, I believe.

Q. When did you go to see him; how long after he died?

A. It was between half-past eleven and twelve o'clock.

Q. On the 16th?

A. On the 15th.

Q. Then you went that night, I think?

A. Yes, sir.

Q. How long after he was dead?

A. He had been dead probably twenty minutes. 319

Q. How many persons were there at the time you went there?

A. I think there were but two.

Q. He was lying in the Dwight House at this time?

A. In the cottage this side.

Q. In the Spaulding House, in the cottage this side?

A. Yes, sir.

Q. How many were there there?

A. Two.

Q. Who were they?

A. Charles Hull, and I believe the gentleman yonder.

Q. Mr. Van Vradenburgh?

A. Yes, sir.

Q. In what position was he, when you found him? 320

A. On the bed.

Q. Where was the bed?

A. In the bed-room, off the front room.

Q. Show the jury (handing diagram to the witness); there's the front room; where was he lying when you found him?

A. That is the bed-room (pointing to it), the bed lay across here somewhere; here is the door, and the bed here in this corner, the head resting that way.

Q. His head was to the south, was it?

A. No; south; I should call——

321 Dr. Bassett: The head was east?

The Coroner: Oh, yes.

A. Yes.

Q. How was he lying when you found him?

A. Bolstered up in the bed; about this position.

(Illustrating it.)

Q. Give this jury a description of his appearance when you saw him?

A. Well, he was bolstered up, with his eyes shut and mouth closed; I think a book resting under his chin.

Q. What sized book?

322 A. A small book, about the size of that bible there I should think.

Q. Do you know who placed that book there?

A. I could not tell; that was there to keep his chin up.

Q. Was he cold when you came there?

A. No, sir.

Q. Was he stiffened at all?

A. No, sir; not to amount to anything.

Q. How much bed clothes were on the bed?

A. I think there was a quilt or two, besides the blanket and sheet.

Q. Did you notice any towel, about there?

A. No, sir.

323 Q. Anything more than what you would find ordinarily in going into a room?

A. No, sir; every towel folded and laying on the towel rack there.

Q. Did you notice anything peculiar about his appearance, as far as his face is concerned; whether it was pale or not?

A. No more than any other dead man.

Q. You are familiar with seeing people dead, and you noticed nothing more than you ordinarily found?

A. Nothing more than I ordinarily found.

Q. What did you do, after going in?

A. I ordered some water that I wanted to wash him

with, and the clothes they wanted to put on; Mr. 324
Spaulding got those for me; the bell boy brought the water, but Mr. Spaulding was not there, and Mr. Hull rang the bell for him, and Mr. Spaulding came in, and I told him what I wanted, and he went and communicated with Mrs. Dwight, as to what clothes she wanted on, and he got them for me.

Q. How much clothing did he have on his person at the time of his death?

A. He had on two shirts, and a pair of drawers.

Q. Nothing else?

A. Nothing else, except a pair of stockings.

Q. Did you notice a folded towel across him?

A. No, sir.

Q. After you stripped him, did you notice any marks 325
or discolorations about him in any way?

A. No, sir.

Q. It was about half an hour after he died?

A. Not over twenty minutes, or half an hour; I was there at twelve o'clock, any way; they said he had died at half-past eleven.

Q. In washing him, you took particular notice of the surface, did you?

A. I washed him and dressed him, and if there were any marks or anything on him, I should have seen them, for I done it all myself.

Q. Did you open his eyes after you went there?

A. His eyes might probably have opened in taking his clothes off and putting them on, as they usually 326
do sometimes.

Q. Was there any peculiar expression about his face?

A. No, sir.

Q. How did he lie in the bed—was he doubled up?

A. No, sir; he was bolstered up, as I tell you, in this position, with his feet straight out in bed.

Q. Where were his hands—did you notice those?

A. I think one of them was laying down the side, and the other kind of crossed it; well, I was not particular; I could not swear positively how they were at present.

327 Q. After you put his clothing on, what did you do with him?

A. I put them on, as far as I could, on the bed, and then I rang the bell for help to come from the hotel, as they said they would do when I got him ready, to carry him out into the other room.

Q. Did you carry him into the front room?

A. Yes, sir.

Q. Was the lower jaw tied up with anything when you went there?

A. No, sir; not that I recollect.

Q. This book rested on his chest?

A. Yes, sir.

Q. You have a chin rest, haven't you, that you
328 use?

A. Yes, sir.

Q. Will you exhibit to the jury the one that you used there?

A. Yes, sir. (Witness produces the chin rest used for the purpose.)

Q. Show them how you apply it?

A. Yes, sir; the chin rest—the rubber is a little worse for wear; one comes under the chin and the other over the head; that holds the jaws up; sometimes pressing against here (pointing to his neck) will sometimes throw the glands out; he was frothing and purging at the mouth the next morning when I went there; the glands were full.

329 Q. Did you notice anything unusual about the neck when you were there the next morning?

A. Nothing more than I ordinarily find in hundreds of cases.

Q. How long did you leave that on?

A. I left it on—well, it was off during the ——

Q. I ask you if you left it on, until the *post mortem*?

A. Yes, sir; and put it on again afterwards.

Q. Did Colonel Dwight have a pretty thick jaw?

A. His neck is pretty short for a man of his build; consequently there is more of a crease there than there would be if the neck was long.

Q. You put on the clothing, did you, that he had on at the time that you went to make the *post mortem*?

A. Yes, sir. 330

Q. Was the clothing the same as those that he was buried in?

A. I think the coat was not put on until after; the vest might have been put on; I think it was put on, but I think the coat was not put on until after the *post mortem* examination at the Spaulding House, and I am not sure about the vest being put on.

Q. You were present at the *post mortem* examination?

A. I was.

Q. Did you help remove the clothing and prepare him for the *post mortem?*

A. I did.

Q. Did you finally dress him for the grave? 331

A. I did.

Q. You were up at the *post mortem* yesterday held?

A. I was.

Q. Did you recognize the clothing found upon his person at that time, as being the same that you put on him?

A. I did.

Q. Did you recognize that body up there as that of Colonel Dwight?

A. Yes, sir.

Q. Beyond any doubt?

A. Beyond any doubt; there were newspapers on his body, I put there to keep the blood from oozing out and staining the shirt.

332

The Coroner: Gentlemen, do you wish to ask anything?

Dr. Bassett:

Q. About that apparatus; in applying it, does it ever produce a groove in the neck?

A. Sometimes it will, by putting it in a cooler; the flesh becomes rigid and cold, as his was, which was more so than ordinarily, for he went through the *post mortem* examination up there and examining his head, taking his brains out, and examining his skull, turned his head backwards and upwards.

333 Q. So that it would come further down on the crown of the head than ordinarily?

A. Yes, sir; his head was laid back there for I don't know but an hour or more; turned around from one way to another, and of course just like any—; you may take a beef and kill it, or a hog, and it becomes cold, and you bend a joint, and there is a wrinkle there in any flesh.

Q. There was a good deal of adipose matter about the neck; he was fat around the neck?

A. Yes, sir; there are lots of gentlemen here in the Court House to-day—there is one over yonder—that can make just such a wrinkle, and another over yonder.

334 Q. When you applied that did you observe anything peculiar about the neck—any crease there, or groove?

A. Nothing more so, than I have seen in others; here is Dr. Hand; when he died he dropped dead up here to the depot, and just such a wrinkle——

Q. You saw no marks of violence whatever?

A. No, sir.

Q. o indentation of fingers?

A. No, sir.

By Dr. Andrews:

Q. Have you seen similar indentations and grooves in the neck?

335 A. I have, hundreds of them.

By Dr. Bassett:

Q. When you put his shirt on was the shirt collar very tight?

A. The shirt band was the tightest of anything; that was tight; the next morning when I went there his collar was tight; he had been purging from the mouth.

By Dr. Spencer:

Q. There was no collar put on that night?

A. Nothing but a shirt, for I was afraid of his purging, and left towels laying under his chin. 336

Q. There was no collar put on until after the *post mortem* examination?

A. No, sir.

Q. How high did this collar come up?

A. As high as any shirt band.

Q. As high up as here (indicating it)?

A. No, sir.

By Dr. Bassett:

Q. As I understand it, the collar must, as a matter of course, have been above the band of the shirt?

A. A little above; I think there was no collar put on; there might have been one put on; I am not sure 337
that there was, and a clean one put on afterwards.

Q. The band of the shirt would not come higher than what we call Adam's apple?

A. No; and a turn down collar, and it would come a little above.

Q. After he was laid out with his coat on, did the coat collar press up against the neck, under here (indicating the sides of the neck)?

A. No, sir; I don't think it did; nothing more than it was yesterday.

By the Coroner:

Q. Did you notice whether his hands were closed or 338
not?

A. I think not.

The Coroner: That is all.

Peter Van Vradenbourgh sworn.

By the Coroner:

Q. Where do you live?

A. In Binghamton.

Q. How long have you lived here?

A. Since 1861.

339 Q. What is your business?

A. I am a printer.

Q. Was you acquainted with Colonel Dwight?

A. I was.

Q. How long had you known him?

A. Since 1867.

Q. Had you frequent conversations with him?

A. I had.

Q. Was he in *The Republican* office frequently?

A. He was, up to 1876.

Q. Did you see him during the time of his sickness at the Spaulding House?

A. I did not.

Q. Did you see him soon after he died?

A. A very few minutes after he died.

340 Q. About how many minutes?

A. I don't think it was over fifteen minutes or half an hour.

Q. How came you to see him at that time?

A. I heard he was dead, and went up there expressly to see him?

Q. Did you first go in the bar room of the Spaulding House and inquire?

A. That was previous to that; I went up at eleven o'clock, when No. 12 was expected from the West, and then I went back to the office, and inquired how the colonel was, and the clerk told me he was better.

Q. How long was that before his death?

341 A. Then I went right down to the office, and hadn't got to doing anything there yet when I heard that he was dead; some one came in the office and said that he was dead.

Q. Then did you immediately repair to his rooms?

A. I went there immediately.

Q. Who was in the rooms when you arrived there?

A. Charles A. Hull.

Q. Any one else?

A. No one else at that time—at that moment; in a moment Mr. Spaulding came in—Warren Spaulding.

Q. Mr. Hull was the only man there when you came in?

A. He was the only man that I recollect, and, in a moment, Mrs. Spaulding came. 342

Q. When you went into the Spaulding House, you entered by the——

A. (Interrupting). I went in the front door of the cottage, the building attached to the Spaulding House.

Q. That is the front room (pointing to the diagram).

A. Yes, sir.

Q. And that is the bedroom?

A. Yes, sir.

Q. Where did he lie?

A. He was in the bedroom; this is correct; the bed was in this side of the room; the colonel was lying on that, with his head towards the east. 343

Q. How was he lying in bed?

A. He was bolstered up on several pillows, I don't know how many, at an angle, I should think, of about 40 degrees or 45 degrees.

Q. What was being done about there at the time?

A. Nothing; they were waiting for the undertaker.

Q. Did you have any conversation with Mr. Hull?

A. I did.

Q. What?

A. In relation to the colonel's death and some of his funeral affairs.

A. Have you frequently seen persons dead?

A. Not very often.

Q. You knew him pretty well in his lifetime? 344

A. I knew the colonel; was familiar with his appearance.

Q. Was he changed much when you saw him?

A. He was very pale; there was an entire lack of color in his arms and hands—very pallid.

Q. What was the expression of the countenance?

A. I cannot describe it in any other way than that there was a death look in it.

Q. Any distortion of the face?

A. No distortion.

Q. Did you notice what clothing he had on?

A. I saw nothing but a shirt; the blankets were

345 drawn up nearly to his breast; perhaps up to the pit of his stomach; light clothing on the bed.

Q. Were his hands and arms lying in an easy position?

A. They were.

Q. Doubled up any, or straight down?

A. His feet were drawn up quite a good deal; his hands were thrown over inside his knees; I remember his left hand particularly, as I took hold of it.

Q. Was it cold?

A. It was warm.

Q. Was there any peculiar expression about the eyes, that you noticed?

A. There was not, excepting a lack of life there,
346 that any man would readily discover or see.

The Coroner: Gentlemen, you can take the witness; Dr. Andrews, have you any question to ask him; any one of the jury; now, this gentleman was there very soon after the death of Colonel Dwight.

By Dr. Esterbrooke:

Q. Was the hand you took hold of clenched?

A. No, it was not.

By Dr. Bassett:

Q. Was his neck bare at the time?

A. It was, excepting as the band of the shirt covered
347 the lower part of it.

Q. Did you see any marks of violence, as though a cord had been around it?

A. There were no marks at all.

By Dr. Edwards:

Q. Was the band of his shirt open, or was it buttoned?

A. It was not; it was closed.

The Coroner: Anything further, gentlemen? that will do.

Dr. Orton was here called, but did not respond. 348

Dr. Daniel S. Burr, sworn:

By the Coroner:

Q. Dr. Burr, where do you reside?

A. In Binghamton.

Q. How long have you lived here?

A. Born here.

Q. What is your age now?

A. Thirty-three to-day.

Q. What is your business?

A. Physician and surgeon.

Q. How long have you been in practice?

A. Since 1868. 349

Q. Did you know Colonel Dwight, deceased?

A. I did.

Q. How long had you known him?

A. I knew him when he came here; about ten years, I think; ten or twelve years.

Q. Did you know him well—were you well acquainted with him?

A. Only as Colonel Dwight; not in business relations.

Q. He was a man that was well known to everybody, I suppose?

A. Yes, sir.

Q. Did you ever prescribe for him, for sickness of any kind? 350

A. Not prior to his last sickness.

Q. Did you ever make an examination of him—a physical examination of him?

A. I did.

Q. Have you got his dimensions—his height, the size around the chest, and all that?

A. I think I have, at the office.

Q. You were called to see him during his last sickness, were you not?

A. I was, in connection with my father.

Q. Do you remember what day you first saw him there?

351 A. I think I saw him the morning after he returned from New York.

Q. You don't remember what day that was?

A. I don't; I cannot recollect now.

Q. Did you visit him alone at that time?

A. I did.

Q. What time did you go there?

A. It was early in the forenoon.

Q. How did you find him as to his condition, his sickness, &c.?

A. He was complaining of feeling very much tired out; complained that he had been sick on the cars, and felt generally used up, to use his own word.

Q. Did he say that he had vomited some on the
352 cars?

A. Yes, sir.

Q. Do you know whether he had taken any food that morning, or not, before you saw him?

A. I don't know.

Q. Was he in bed when you saw him?

A. He was not; he was sitting in the room.

Q. Dressed?

A. Partially dressed, if I remember rightly.

Q. Was he in the front room?

A. Yes, sir.

Q. Was there anyone else present, when you went there?

A. I think not.

353 Q. When did you next see him?

A. Well, I am not posititive; I saw him from that time on.

Q. Every day?

A. Well, most every day; I won't say every day.

Q. Did you always visit him alone after that?

A. Sometimes with my father.

Q. Were you present when Dr. Orton called?

A. I was not.

The Coroner: Mr. Foreman, have you any date when he came back from New York?

Mr. Richards: Fifteenth of October, somebody said.

Dr. Bassett: He came back the 16th.

The Coroner: Then he came back on the 16th of 354
October.

Q. You visited him from that time on, more or less, every day until he died?

A. Yes, sir.

Q. You watched his symptoms carefully all the way through?

A. I did.

Q. Did you prescribe for him at any time?

A. Not of my own account; in connection with my father I did.

Q. Had his disease developed sufficiently at that time, when you were first called, to determine what was the cause of his sickness, or what ailed him at that 355
time?

A. Well, I can answer it best by describing a little how he was, in my own way.

Q. Very well.

A. He presented the appearance to me that we often see in persons who are in incipient stages of fever; loss of appetite, and distress generally; inability to do anything—to make any exertion—with no very prominent symptom; but it required laying up just as much as if the serious symptoms were prominent; it presented to my mind the forerunning symptoms of our cases of fever in this section; there was one thing peculiar about him, his will-power seemed to control it to a great extent; he seemed to be fighting it off by 356
purely will-force; it struck me in that way; at the time he returned from New York I told him I was sorry that he had to go; that he ought to go right to bed, and stay in bed, even if he took no medicine; that I thought the rest in bed, and saving of his strength in that way, would be everything to him; he said he could not stay abed; says he: "I have business on my mind at this time, "which involves two or three millions to me; I have "got to be up by the 10th of this month, and you "must get me up if you can; get me up in ten

357 " days; I have ten days in which I can lay off and " get well;" that seemed to be in his mind all the while, up to the expiration of the ten days; after that, he seemed to give up that idea; he says: " Well, it " cannot be helped; its gone, and I must make the best " of it;" there seemed to be a mental fight all the while, during the fore part of his sickness; an effort of the will in everything.

Q. Did he seem to have great desire to get well?

A. He did.

Q. Were you ever present at one of those bad spells that it is claimed he had?

A. I think I saw him, as soon as I could get there, in the first one; three weeks, I think, before he died.

Q. Describe the symptoms of that attack, if you will, after you arrived there, and how he seemed?

358 A. He seemed distressed with breath, with a chillness of the surface, difficulty of breathing, but I don't think he lost his consciousness; I am not certain about that; he seemed to know what we were doing; he soon rallied from it by the use of stimulants—ammonia and brandy.

Q. How long did that spell last?

A. Oh, I should judge, three-quarters of an hour?

Q. What were the symptoms of his coming out of it?

A. The warmth returned.

Q. More than natural?

A. Well, I cannot say that I noticed it; I was re-

259 lieved to think he was at the time.

Q. How was his pulse at that time, when he was in this chill?

A. It was very feeble.

Q. Then, as he came out of it, there was an increase in the volume of the pulse, I suppose?

A. Yes, sir.

Q. A general warmth of surface; what was the appearance of his pulse when he had that chill; was it flushed; or was it pale, or were there no changes particularly in the color?

A. I don't remember exactly.

Q. Did you notice the pupil of the eye? 360

A. I did not.

Q. What was the general expression of his face at that time?

A. Of a struggle to get breath.

Q. An anxious look, perhaps?

A. Yes, sir.

Q. Did you ever see him in any other of those bad spells?

A. Not so severe as that.

Q. When did he next have another of those chills?

A. I think it was a week from that day; either the Friday afternoon or Saturday following.

Q. Were you present at that time?

A. I am not certain. 361

Q. Were you ever present in any other chill after that?

A. I was not; after the first chill he seemed to recover readily; that is, through the rest of the day; and for three or four days seemed improving; then commenced the sleeplessness again, and the pain with vomiting, which increased until, I think, it was the Friday or the week, making it seven days afterwards; then he seemed to—by the free use of morphine at that time he seemed to bridge over, although there were the slight indications of the week before; he had a dread. I would state that he had great dread of the Friday and Saturday following the first chill; he exhibited great dread towards the latter end of the week. 362

Q. He expressed some fear?

A. Yes, sir.

Q. During the time he was sick did he have a great deal of pain; did he seem to have a great deal of pain?

A. At times.

Q. Where?

A. I think he referred to the stomach; but I am not certain.

Q. Did you examine the stomach, that is, by a pressure, to see whether he was tender or not?

363 A. Yes, sir.

Q. How was he with regard to that?

A. There was a slight tenderness; nothing great.

Q. Was he bloated at all?

A. He did not seem to be.

Q. How did his bowels keep during the time; was he constipated most of the time during his sickness, or otherwise?

A. I don't know enough to say about that at present.

Q. What was the character of the matter which he vomited; were you ever present when he vomited it?

A. Yes. sir; what I saw would be just the water
364 which he would drink and in a little while throw up.

Q. Did it ever present a green appearance?

A. Not that I saw.

Q. Did it have any odor to it?

A. Not that I saw.

Q. Did you ever notice any unnatural odor in the room there in any of the visits you made there?

A. Not the least bit.

Q. Doctor, you were present at the—oh, I will ask when was the last time you saw him alive?

A. About half-past nine.

Q. On the evening that he died?

A. Yes, sir.

Q. Had you seen him before that during that day?

365 A. I think I saw him in the morning.

Q. And then at half-after nine in the evening?

A. Yes, sir.

Q. Do you remember what your impression was in the morning visit of his condition; did he seem to be worse or better?

A. I believe he hadhad a good deal of pain across his bowels and that his bowels had moved and he felt better after that.

Q. Did you, during the time that he was sick, take note of his temperature?

A. I did.

Q. Did you do it every day that you saw him?

A. Not every day, no. 366

Q. What was the temperature when you saw him?

A. It would be normal.

Q Every time?

A. Every time that I tried the thermometer the temperature was normal.

Q. How was the pulse; about how many beats; you counted I suppose?

A. Yes, sir; it was between 70 and 80; nothing unusual.

Q. Was there anything unusual about the pulse any way?

A. Nothing at all; only it was weaker towards the end of the six weeks; that is all I could say.

Q. Was the pulse usually weak at any time except 367 when in the chill?

A. Except in the chill.

Q. Then it was about as it should be?

A. Yes, sir.

The Coroner: I will ask the witness the balance of the questions after the jury are through with him.

By Dr. Bassett:

Q. What day of the month, Dr. Burr, did you first see him?

A. I could not give the date.

Q. Did you some time after your father first saw him?

A. It was when he returned from New York; the 368 morning after; he came up the 9th.

Q. That was the 16th?

A. I would not say without referring to the notes.

Q. When you first saw him you made a physical examination, did you?

A. No, I did not make a physical examination of the body.

Q. Did you the next time?

A. No, I cannot say that I did.

Q. You don't recollect when you first examined his chest or his bowels?

A. No.

369 Q. When you first examined them was he under the influence of morphine at all?

A. Not a bit.

Q. Then, when you examined him, did he flinch, or did he express pain when you made pressure upon his bowels?

A. I don't think he flinched—a real flinch—at any time; he simply said it was sore there.

Q. You spoke of severe pain; that is what I want to get at—where and what this pain was; how often did you inject morphine?

A. At the latter part of each week his sleeplessness would increase; then I would commence to use
370 morphine; he would endure the sleeplessness for a night or two, and then I would use the morphine; he was a man that would bear morphine in almost any quantity; he was an exception.

Q. Did you introduce the morphine to produce sleep, or was it to allay the pain?

A. To produce sleep.

Q. Wholly?

A. Wholly.

Q. You never gave it to him to allay pain?

A. No; it was to produce rest; he would be sleepless for two or three nights, and then he would say: "I cannot stand this any longer;" he would say: "You must get me to sleep."

Q. You spoke of large doses; how large doses did
371 you inject under the skin?

A. I never injected more than twenty minims under the skin; I would give by the mouth the equivalent of three-fourths or nearly a grain.

Q. Of the powder?

A. No, of Magendie's solution; giving it in that form he could keep it on his stomach; then, waiting for that to take effect, I would give one or two minims under the skin; that seemed to affect him best?

Q. How much morphine did the ten minims or the twenty minims contain?

A. The ten minims would contain about one-third of a grain I think, without figuring it up; a third or a

quarter of a grain; Magendie's solution, I think, is 372
sixteen to the ounce; two grains to the drachm; he told me, "you need have no fear of giving me morphine; I can stand any quantity of it; enough that would kill an ordinary man don't affect me at all;" I commenced using the morphine gradually on him to prove that, and in the early part of using morphine, I would stay and watch him; at one time particularly, I remember he was fortunate enough to go to sleep under it; his breathing was hurried and I had a little doubt in my own mind; I immediately went to his bedside and touched him, and the moment I touched him he roused up and said, "What is wanted?" showing there was no poisonous effect, or stupor—excessive stupor—as that produced from morphine. 373

Q. Did that produce any effect on the eye?

A. It would contract the pupil.

Q. But would not produce heavy breathing?

A. No, it would produce no stupor at any time; he would be aroused at any time by speaking to him.

Q. You say you gave twenty minims by the mouth?

A. One time I gave him half a drachm, which is a grain.

Q. That he retained?

A. That he retained.

Q. And before he went to sleep you injected something?

A. At one time I gave him an injection of ten minims. 374

Q. (By the Coroner.) How long after?

A. Fifteen minutes to half an hour.

Q. When he was having this pain at the stomach, what was the condition of his tongue?

A. It was slightly coated.

Q. Any redness?

A. Very little, if any.

Q. When he swallowed food of any description, would it give him pain immediately?

A. I think not immediately.

Q. Would it in an hour?

A. I would say he felt it there; that is about all;

375 he had a repugnance to food almost; he did not want it.

Q. He loathed everything?

A. He loathed everything; I know at one time some of his friends sent in a little corned beef hash; he seemed to relish that; it seemed to be just the thing he wanted; he ate it, and I think six or seven hours afterwards he vomited that up.

Q. He didn't call for boiled cabbage, did he?

A. No.

Q. Were his bowels constipated, or did they act regularly every day without cathartics?

A. I cannot say as to that; I don't know.

Q. When he complained of these bad feelings com-
376 ing on did he have headache attending it?

A. I think he did.

Q. Did he complain at all of chills creeping over him; creeping up his back?

A. Not that I remember.

Q. Do you recollect at what time you began to give him arsenic?

A. I do not; father can tell you.

Q. Did he seem to bear that well?

A. For a while he did, and refused it.

Q. Why did he refuse it; did he give a reason?

A. It did not agree with him, I believe, as I remember; I don't remember exactly.

Q. Did it produce pain?

A. Not that I am aware of.

377

By Dr. Spencer:

Q. Do you recollect the amount of morphine injected the night he died?

A. I do not exactly now; it was no more though than he had taken before.

Q. This was about 9 o'clock when you were there?

A. About 9 o'clock, or half-past; he expressed himself just like going to sleep; he said, "I want the room quiet now, and I feel as if I could get some sleep."

Q. You saw no particular change in his condition at 378
that time?

A. None at all; on the contrary, he seemed as if he would bridge over that night and the next day without a chill, and I tried to assure him that the prospects were that he would.

Q. There was more morphine given by the mouth than the stomach that night?

A. Yes, sir; I won't say how much was given, but it was no more than he had taken before.

Q. Both given in the stomach and by injections?

A. Yes, sir.

By Dr. Andrews:

Q. How did he seem to be when he awakened from 379
sleep; any especial change as the result of rest and sleep?

A. He would seem better; two hours sleep would do him a great deal of good; it would seem to change everything.

Q. He always seemed strong after his sleep?

A. He did.

Q. No especial agitation after waking?

A. None at all; not that I remember.

By Dr. Spencer:

Q. On the day before he died, on November 14th, he was worse than he had been for some time previous, was he not; in more pain? 380

A. Yes; more pain in the bowels, I think.

Q. Then you administered larger doses than usual of the morphine?

A. No, but he took some through the day, but not as large a dose as I gave him to produce sleep.

Q. This printed report says, "November 14th, pain again severe; morphine was given in large doses, as much as two grains at a dose, but no poisonous symptoms were produced;" that is the report as signed by Dr. Delafield?

A. Yes, sir.

Q. Do you know if any of those large doses were

381 repeated more than once; the two grain doses during that day and evening?

A. I think not; I don't remember of his taking two grains and repeating it during the day; he may have taken half a drachm at a time of Magendie's solution by the mouth, but the pain seemed to lessen after his bowels moved, and he seemed easier and felt freer.

Q. (By the Coroner) Do you remember of giving him two grains at any one time?

A. I do not.

Q. (By Dr. Bassett.) Do you know whether he had been accustomed, previous to his sickness, to taking opium or morphine?

A. Not to my knowledge; he told me, though, that
382 he could bear morphine, and that I need not be a bit afraid of it.

By the Coroner:

Q. Do you remember telling Dr. Delafield that you gave him two grains at a dose?

A. Well, one drachm or a half a drachm of the solution of two minims of injections would be very near two grains of morphine.

Q. You were present at the autopsy?

A. Yes, sir.

Q. You took the notes?

A. I did; at the request of Dr. Delafield.

Q. (Paper handed to the witness.) Is this the record
383 of the autopsy; is it correct as near as you remember?

A. I suppose this is the same.

Q. You remember signing this?

A. I remember signing the record of the autopsy.

Q. I want to make this official?

A. The official one was in writing.

Q. This purports to be a copy?

A. I presume it is a copy of the record of the autopsy.

Q. The original autopsy, have you got?

A. I have not.

Q. Do you know where it is?

A. Dr. Delafield took it. 384

Q. When you went to make this *post mortem*, or assist in it, where did you find Colonel Dwight?

A. I did not find him; he was brought into the Spaulding House.

Q. This was made on November 18th?

A. Yes, sir.

Q. Who were present; these gentlemen here whose names are signed here—the Burrs, Dr. Orton, Dr. Swinburne, Hyde, Ayer, Chittenden, Richards, Cobb, Jackson, Lane, Griffin, Brown, Comstock and Delafield.

A. Those are the physicians present.

Q. By whom was this autopsy made?

A. Dr. Francis Delafield. 385

Q. Did anyone assist him?

A. Only in separating the stomach and intestines.

Q. Was the clothing removed from him when you first saw him, on the morning of the autopsy?

A. I think it was.

Q. Did you you notice anything peculiar about the body—anything more than is noted here?

A. I did not.

Q. Now, Doctor, from your treatment of this case, and the revelations that are made by the *post mortem*, what were your conclusions as to the cause of death of Colonel Dwight?

A. Well, I think he died in a congestive chill, so-called, malarious in its nature.

Q. Does the *post mortem* examination show a condition that you would expect to find in a chill of that kind? 386

A. It shows nothing to the contrary.

Q. Did you ever make or assist in making a *post mortem* on a person who died of a congestive chill?

A. I never did.

Q. Are you familiar with the subject?

A. No; it is not common in this region.

Q. Did you ever see a case of this kind before?

A. No.

Q. Is there anything in this *post-mortem* examination that reveals an unnatural cause for death?

387 A. None that I could see.

Q. Was the body much stiffened when the first *post mortem* was made?

A. I should think not more than the body of any person dying suddenly, and being kept upon ice the length of time that was.

Q. When you first saw him on the day of the *post mortem* did he still have that chin rest on—the undertaker's chin rest on?

A. I don't remember.

Q. It speaks in there of an indentation of the neck; what is meant by that?

A. Why, that in my judgment was merely a natural fold of the chin and tissues underneath caused by letting the head back upon the board on which he was
388 exposed; in the cooler the head is raised up on a head rest similar to the cushion in the coffin; as the tisues stiffen in that position you come to bring the head back, and it would make the fold in the neck the same as noted by Dr. Swinburne.

Q. Was that your impression at the time?

A. That was my impression at the time.

Q. Did you notice where this depression was, whether there was any difference in the color of the skin or not?

A. None, only the posterior portion of the neck.

Q. I mean directly on that place that was spoken of—this indentation?

A. None that I recollect.

389 Q. Did you notice anything unnatural about the neck?

A. I did not.

Q. Did he have a pretty heavy neck?

A. He did.

Q. Supposing that rest was put on to his neck when he was tolerably—or before it had stiffened—and you had put him into a cooler, what would have been the effect of that string or tape, whatever it is, coming across the neck; supposing it touched the neck, would it make a crease there?

A. It would.

Q. And when he was put into that cooler and the 390
skin cooled that would stay there, wouldn't it?

A. It would.

Q. You examined the body again yesterday, did you not?

A I did.

Q. What time in the day did that occur?

A. It commenced at half past ten and lasted till after four.

Q. What portions of the body did you then examine?

A. Examined the face, neck, and anterior portion of the body, also the posterior portion and the spine.

Q. Give us a description of your *post mortem* yesterday; those notes taken yesterday are not your 391
testimony at all?

A. Upon removing the coffin lid and exposing the body, the face was found covered with a thick, white mold entirely covering the face; on removing the body from the coffin and washing off the mold from the skin the epidermis, was found loose from the skin, the skin more or less decomposed—that is upon the face; upon the upper portion of the face it was not so much decomposed as upon the lower portion; the hair of the beard was readily pulled out; the head showed evidence of a former *post mortem;* the anterior surface of the chest and abdomen were covered with the mold, with a newspaper which had been put in adhering closely to the skin; the skin at this point, 392
the anterior portion of the chest, the lower portion was slightly hardened as it dried; the external genital organs entirely decomposed; anterior portion of the thighs undergoing decomposition; epidermis loose; epidermis more or less decomposed; anterior portion of legs the same, to a greater degree; on opening the neck, the neck showed three distinct ridges or creases, two of them caused by the collar and one—the same which I noticed at the former *post mortem*, but not so marked; the tissues at the back of the neck were more or less decomposed; upon opening the cavity of the chest and abdomen, which

393 were all in one the results of former *post mortem* were clearly seen; the viscera of the chest and abdomen, the brain and tongue, the larynx and trachea, were all thrown in together, more or less decomposed, most of them hardly distinguishable; the brain was very much so; the same with the lungs, so that some of the organs—it was a mere matter of opinion as to what they were; the tongue, trachea, and larynx I removed last, I think; I found it in the lower portion of the cavity of the chest, in a collection of bloody fluid, more or less decomposed; a cast was then taken of the neck, two casts, one by Dr. Swinburne and Dr. Sherman, and the other at your request; a cast was then taken of the teeth in wax; the teeth were found
394 to be loose and easily pulled out with the fingers; on turning the body over the same general decomposition of the skin was noticed; an examination of the spinal cord showed an advanced stage of decomposition; I believe that is all.

Q. Did you notice anything in this last examination that was not observed at the prior examination; did it reveal anything further?

A. It did not, to my mind.

Q. Did you recognize this body as being that of Colonel Dwight which you opened?

A. I did.

Q. Beyond reasonable doubt?

A. Yes, sir.

395

By Dr. Spencer:

Q. Doctor, I would like to ask you a question relative to the first *post mortem* examination; supposing you had known nothing of the symptoms previous to death, was there anything in the *post mortem* appearances that would satisfactorily account for death?

A. No, I think not.

By Dr. Esterbrooke:

Q. On the first *post mortem* did you find any evi-

dence of extravasation of blood in the tissues of the neck on removing the larynx? 396

A. Not that I observed.

By Dr. Bassett:

Q. In comparing the larynx, and tongue, and trachea in the first autopsy, how did it compare with that of yesterday in appearance?

A. There was a very great change; yesterday it was very much decomposed and reddened by a solution in which it had been left lying.

Q. You judge that the mucous membrane was a great deal redder than it was on the first autopsy?

A. The whole thing seemed to be red, as if it had been stained. 397

Q. In the first autopsy was there any peculiar appearance of the lungs or trachea?

A. None that I noticed.

Q. No mucus or bubbles of air?

A. Not that my attention was called to.

Q. On the external portion of the lungs were there any spots like ecchymosis on the first examination?

A. On the surface of the lungs?

Q. On any of the cells of the lungs?

A. The lungs were congested, if I remember right.

By Dr. Spencer:

Q. It says the lungs and heart were in a natural condition, except that the lungs were inflated and that the right lung extended a little to the left of the median line? 398

By the Coroner:

Q. Is that as you remember?

A. It is.

By Dr. Spencer:

Q. Have you got any notes that you took at the time?

399 A. Of the autopsy?

Q. Yes, sir; any further than this?

A. No.

Q. Have you got any notes of the case, as you attended it from day to day, during the sickness?

A. I think I have some, few of the latter part of his sickness.

Q. You have not got them present?

A. I have not.

Q. I wish you would produce them?

A. Very well.

Q. In making that *post mortem*, there was considerable of the viscera removed, was there not; put into jars &c.?

A. The stomach, and the intestines, a portion I
400 think of the lung, and the kidneys were removed.

Q. Did you retain any portion of them?

A. There were three divisions made.

Q. Do you know what became of them?

A. I do not.

Q. They were not left in your possession?

A. They were not left in my possession.

Q. Have you ever examined any of the tissues of the body, by a microscope; made any tests?

A. In this autopsy?

Q. This or the other one?

A. No.

Q. During Colonel Dwight's sickness, did you ex-
401 amine the water?

A. Dr. Orton did.

Q. In your reading of cases of malarial fever, do you remember of reading of a *post mortem* in any case of a person having died from fever of that kind?

A. I don't remember now.

Q. Then you would not be competent to judge what you might find on a *post mortem* of a person dying in that condition; a person having died of congestive chills, would the internal organs be more or less engorged probably, or not?

A. A person dying suddenly from any cause, I should expect more or less engorgement.

Q. Is not it a rule, that a person having a chill, that 402
one of the reasons for the chill is that the blood goes from the surface to the internal organs?

A. I don't know; I could not say in that respect.

The Coronor: Have you anything further gentlemen?

The Jurors: We don't think of any thing further.

John G. Orton sworn:

By the Coroner:

Q. Dr. Orton, where do you live; where is your residence?

A. Binghamton. 403

Q. How long have you lived here?

A. Twenty-five years.

Q. What is your business?

A. Physician and surgeon.

Q. Practice continually; all the time?

A. Yes, sir.

Q. Were you acquainted with Colonel Dwight, deceased?

A. I was.

Q. How long had you known him?

A. Fifteen or twenty years.

Q. Did you know him well?

A. Moderately so.

Q. Did you ever prescribe for him except at the time you visited him, it being his last sickness? 404

A. I had.

Q. When?

A. Several times during the past seven or eight years; a little longer perhaps.

Q. At that time, what did you prescribe for him for?

A. I think it was some disease of the eye.

Q. Never for any general disease?

A. I think not.

Q. Did you ever make a physical examination of him?

405 A. I did.

Q. Have you notes of the examination?

A. I have not.

Q. About what was his height?

A. It was about six feet.

Q. What was his form?

A. Well proportioned; large frame.

Q. When you have seen him, from time to time, had he generally the appearance of being in fair health?

A. I think so.

Q. Was he an active business man?

A. Very much so.

Q. You saw him during the time he was here, more or less, every day on the street?

406 A. I did.

Q. You were called to see him in his last sickness; do you remember what day your were first called?

A. The second of November, 1878.

Q. Were you called in consultation with Dr. Burr?

A. I was.

Q. What time in the day did you see him?

A. It was in the forenoon.

Q. How did you find him?

A. I found him just rallying from a congestive chill —what I supposed was a congestive chill.

Q. What was his appearance then?

A. His extremities and feet were cold or cool, and his face had an expression of anxiety—an anxious face, rather pale, more so than was usual for him; his pulse
407 was feeble.

Q. Rapid, or slow?

A. It was a little less than the usual rapidity.

Q. Did he have any trouble to breathe at that time?

A. Yes, sir, some; he seemed more at a stage of excitement, the stage which he had been going through with—nervous excitement.

Q. What was your impression, when you first saw him, as to the trouble with him?

A. I formed my opinion at that time, during consultation with the Drs. Burr, that he had been laboring under, and was laboring then under the effects of malarial poison.

Q. You have seen more or less of this sort of trouble, 408
have you, in your lifetime?

A. I have.

Q. Is there more or less malaria prevailing in this valley?

A. There has been for the last six years more than common.

Q. Did you, ever before, see a case of congestive chill?

A. Not to that extent.

Q. How long before his death was that; what was the first day?

A. The second of November.

Q. And he died on the 15th; when did you next see him? 409

A. I saw him the next day.

Q. Did you see him every day after that?

A. I did, two or three times a day.

Q. Always in consultation with Dr. Burr?

A. He was not always present—the doctor was not.

Q. Did you prescribe for him?

A. I did not.

Q. You knew what he was taking?

A. Generally.

Q. On the day on which he died were you called there or did you go there?

A. I did.

Q. In the morning?

A. I think I was there in the morning. 410

Q. What was his condition at that time compared with the other times you saw him?

A. In the morning of that day he seemed to be in his usual condition; that is, in the condition we had been in the habit of seeing him, and saw him the day previous; I saw nothing especial to note.

Q. Was his face rather pale this day that you saw him?

A. It had been for some days previous.

Q. What time in the afternoon did you see him?

A. About 5 o'clock, I think.

Q. Did you see him at that time with Dr. Burr?

A. I think not; I think none of the doctors were
411 present.

Q. What was his condition at 5 o'clock that day?

A. I think there was no special change from that until the morning.

Q. Was that the day of the expected chill?

A. No; the next day was the day we were expecting it.

Q. Did he seem to dread that chill?

A. He did.

Q. Did he express any fears as to whether he would push through or not?

A. He did.

Q. Have you ever seen a *post mortem* examination
412 where persons have died from those chills?

A. I have not.

Q. You are familiar with the literature, are you not?

A. I cannot say that I am; we have not had enough of it here.

Q. I will ask you if that is the last time you saw him alive?

A. It was.

Q. I have a report of a *post mortem* examination purporting to have been made by Dr. Delafield on the next day after his death; no, on November 18th; I suppose there is not much doubt that that is a correct copy; I wish you would look it over and find if that is about it?

413 A. I suppose this is a correct copy from the original.

Q. As near as you can tell?

A. As near as I could get at it.

Q. These persons purporting to have been present were present, were they not?

A. They were.

Q. These notes were made by Dr. Burr at the dictation of Dr. Delafield, were they not?

A. Dr. D. S. Burr.

Q. When that *post mortem* was made, it was made for the purpose of general information of the cause of the death of this man, was it not?

A. It was, I suppose. 414

Q. Dr. Delafield you consider an expert in making *post mortems*, do you not?

A. Decidedly so.

Q. Is there any better in the country?

A. Probably not.

Q. Was this *post mortem* very well made?

A. I think it was.

Q Was there any suggestions at that time by any person that there should have been more of an examination?

A. 1 heard of none.

Q. Did every one that examined them—all that signed this paper—seem to sign it freely without any objections; was the question asked whether there 415 were any objections to this?

A. The question was asked.

Q. Did anyone object to it?

A. No one, to my knowledge, objected to it.

Q. Taking the symptoms of that case during the period there that you saw it, and this *post mortem* examination, what conclusions did you come to as to the cause of death?

A. There was no other conclusion than that which I had come to previous to that examination.

Q. This revealed nothing but what is strictly in accord with the diagnosis previously made of his sickness?

A. That is all.

Q. When this *post mortem* was made, was there any 416 portion of the viscera removed?

A. There was.

Q. How was it removed—where was it put?

A. It was removed from the body by Dr. Delafield, divided into several parts and placed in jars.

Q. What became of those jars?

A. Mr. Delafield, I suppose, took some jars with him, Dr. Swinburne took some with him, and I took some myself.

Q. Have you those now?

A. I have.

417 Q. In that portion that you retained, have you ever made any tests in any way?

A. I have not; they have been under seal from that day to this.

Q. And they are now?

A. They are now; they were sealed in the presence of all the physicians present.

Q. Does this examination account for death?

A. It does not, I believe.

Q. With this examination, and with the previous history of this case—what you know of it—can you reconcile this appearance with the symptoms as you saw them?

A. I can.

418 Q. Nothing incompatible between these two and the symptoms?

A. Nothing at all.

Q. You were present at the *post mortem* yesterday, were you not?

A. I was.

Q. Did you recognize the body as being the body of Col. Dwight that was previously examined at the Spaulding House?

A. I did.

Q. You have no doubt on that point?

A. None whatever.

Q. Did you take any notes of this case as you went along while he was sick?

419 A. I did not.

Q. Did you examine any of the water during that time?

A. I did, several times.

Q. Did you examine the temperature of the body at any time you were there?

A. I did not.

Q. What was the character of the pulse?

A. It ranged from 75 to 80.

Q. Was it never higher at any time?

A. I never saw it at any of my visits.

Q. Did he complain any of headache?

A. He complained occasionally of a little.

Q. Did you ever hear him complain of much pain? 420

A. Some in the gastric region.

Q. Did you examine the stomach, by pressure, whether it was tender or not?

A. I did; there was very little tenderness there.

Q. There never was any fever of any account during the time there that you saw him?

A. I did not see any.

Q. Did he ever vomit during the time you were present?

A. He did.

Q. What was the character of the ejection?

A. Principally of a watery substance—a greenish cast.

421

By Dr. Bassett:

Q. Dr. Orton, I understand you to say that you were there the time that he had the first chill?

A. He was just rallying from the chill as I entered the house.

Q. And in this consultation they told you he had had no chills previous to that?

A. Nothing to that extent that he had had that day.

Q. That is to say, it was the first chill?

A. The first that I knew anything about.

Q. What peculiar symptoms were there during that chill, and after it that induced you to make up your mind that it was a congestive chill from a malarial 422 poison?

A. The character of the chill as it was described to me by those who saw it.

Q. As it is described to you, could not a man have the same kind of a chill arising from some other cause than malarial poison?

A. I know of none.

Q. Would not the same chill arise from a disease of the bladder?

A. I think not.

Q. Under certain circumstances?

423 A. I dont know of any.

Q. Wouldn't they have a chill from an abcess sometimes?

A. Not that would last several hours I think.

Q. How long from that chill was it before he had another?

A. I think it was a week there that day before he had anything at all marked.

Q. Seven days?

A. Seven days, he had attempts—what I would call abortive chills, during the week.

Q. Between the intervals?

A. Between the intervals, but they were not marked at all.

424 Q. Did he have any fever subsequent to the chill?

A. I noticed none.

Q. Was there a sweating stage?

A. I think not; I knew of none.

Q. Ordinarily from malarial poison, is there not a stage of fever followed by that of sweating?

A. Ordinarily.

Q. Is there not in remittent fever?

A. Usually.

Q. Supposing it was of a quotidian type?

A. Usually we would expect to see those different stages—chill, fever and sweating.

Q. What authority have you for saying that they would return—that it was a chill of that type, return-
425 ing in seven days?

A. Because it would return.

Q. No, but what authority have you for saying that?

A. Why, I saw him—oh, medical authorities you mean.

Q. Yes.

A. I have not any medical authorities about it; of course we have the reports of cases that had all this; I suppose there are plenty of them; I cannot refer you to any particular authority just now.

Q. Wouldn't you think it strange, after all those fevers, intermittent, remittent, followed by fever and

then by a sweating stage—wouldn't you think it strange, that if it occurred once in seven days, if it was from that malarial poison—wouldn't you think it strange that you had no fever following ? 426

A. Of course it is strange, because the usual rule is for them to pass through these different stages; this was an exception, and we regarded it as an exception.

Q. Did you, at your first consultation, make a physical examination ?

A. Of his heart and lungs, I remember.

Q. Did you of his bowels ?

A. I did.

Q. In what condition did you find them ?

A. Nothing abnormal, except a slight tenderness over the gastric regions. 427

Q. Was there any tenderness over the region of the liver or the colon ?

A. None whatever.

Q. Or the small intestines ?

A. None whatever.

Q. Did he have more or less pain at intervals in the bowels and stomach ?

A. Occasionally, I think he did.

Q. What did you suppose that pain to arise from ?

A. I supposed from some gastric irritation ; slight, though, because the pain was not severe.

Q. Generally speaking, where there is gastric irritation there, or inflammation of a mucous membrane, or of the glands, the solitary glands and the agminated glands, is there not more or less tenderness ? 428

A. I believe there is.

Q. What medicine did you recommend when you first consulted with Dr. Burr ?

A. The doctor had been giving quinine for the purpose of controlling these chills, and persistent vomiting had been present all the while ; the only suggestion I made was to resort to Fowler's solution of arsenic.

Q. Knowing that there was gastric irritation or inflamation of the mucous membrane, would you ordinarily recommend Fowler's solution ?

429 A. In those slight doses I should ; a drop to a dose was all that he gave.

Q. Has it not the effect to cause more or less irritation ?

A. I don't know that it does in those diseases.

Q. Is it not the fact that almost every author will say if you give arsenic, give it after a meal ?

A. I don't know ; I don't know.

Q. Would not that lessen the liability to irritate the stomach and bowels ?

A. Perhaps it would.

Q. What is the effect upon the system of Fowler's solution ?

A. A tonic and anti-periodic.

430 Q. It is difficult to define the action on the system ?

A. It is not very definite.

Q. After you first saw him, were his bowels constipated or regular ?

A. Very constipated, I understand.

Q. Did you suggest using morphine in large doses hypodermically, or had they used it ?

A. I think they had been using it ; I am not clear whether hypodermically of not, but I think so; my advice was to use it sufficiently to quiet him and give him sleep if possible.

Q. How large doses did you give ?

A. I did not give any at all.

Q. Or did you recommend ?

431 A. I did not recommend any amount ; I recommended a sufficient amount to quiet him and get him to sleep ; I trusted it in good hands.

Q. When you first saw him in that chill, or at least you say he was recovering from it, was his face livid or pale ?

A. It was less livid than common for him ; you might say it was pale.

Q. What was the general expression of his face ?

A. A good deal that of anxiety.

Q. Pinched ?

A. Rather pinched ; yes, sir ; evidently he had been laboring under great prostration and depression.

Q. Did he exhibit at that time any great anxiety? 432
A. He did; he told me he thought he could not go through another and live.

Q. What is your opinion as regards the cause of death?

A. The immediate cause was congestive chill.

Q. Upon what organ or organs did that have the effect to produce that?

A. I think it spent itself—that is my impression—upon the nervous system largely; induced nervous prostration; it also to a certain extent, as in all such cases would spend itself and throw in upon the internal organs more or less blood.

Q. Was that the opinion of the physicians generally; was that the report? 433

A. What physicians?

Q. Those that attended the autopsy?

A. Oh, I don't know what their opinions were.

Q. You were there and signed the report?

A. The report said nothing about the cause of the death.

Q. It didn't?

A. Not to my knowledge; that is not what it was purported to do.

Q. Was there anything said about there being paralysis of the heart?

The Coroner: That is scarcely within the line—the autopsy merely discloses the anatomical condition, 434
and hear-say evidence is scarcely admissible.

Dr. Bassett: He was there and one of the party.

The Coroner: Yes, but the mere talk in the room isn't evidence; you can ask him what his opinion was.

By Dr. Bassett:

Q. You were there during that autopsy?

A. I was.

Q. What did you expect to find in the internal organs?

A. I didn't expect to find anything at all; I was not surprised at anything.

Q. If he died from the effect of a chill would you not
435 look for some congestion somewhere?

A. I did not expect to find any.

Q. Did you examine the lungs, larynx, and trachea when it was taken out first?

A. I looked at it; didn't examine it very critically.

Q. What were the general appearances of it?

A. I saw nothing abnormal about it; the tongue was coated slightly.

By Dr. Spencer:

Q. I understand you to say you had heard him express doubts about his living, or "pulling through," as he termed it; did you hear him the day he died, when you were in there, say that he should not get through
436 another night?

A. No, sir.

Q. Without any previous knowledge of his symptoms, was there anything about that *post mortem* examination that would have satisfied your mind in regard to the cause of death from any pathological changes?

A. There was not.

By Dr. Edwards:

Q. In your opinion, Dr. Orton, do you think that the congestive chill, the force of which being spent upon the nervous system, caused paralysis of the
437 heart?

A. It might have done so; that would be a theoretical view to take of it.

By Dr. Spencer:

Q. In the case of death from paralysis of the heart, what condition would you expect to find the heart in in relation to the blood—the cavities?

A. You would be apt to find some blood in it; would expect to find some blood in it.

Q. Would you expect to find cavities filled with blood?

A. Not necessarily full; but we expect to find some.

Q. Would not the heart lose its power to expel it all? 438

A. It might lose its power to expel it all; you would be apt to find some blood in it.

By Dr. Bassett:

Q. I want to ask you one question more; that the opinion of the autopsy, as given by Dr. Delafield, you all acquiesced in, did you not?

A. We did.

Q. Was not it decided that death was from paralysis of the heart?

A. I never heard any such decision.

Q. Would not the heart, from the influence of the malarial poison of the system, would not you expect to find paralysis in the whole arterial system, and in the capillary system also? 439

A. Yes, sir; I suppose that would extend more or less if the effect upon the nervous system was such, if it was so powerful it would affect the arterial system generally; this is more marked upon the heart.

By Dr. Andrews:

Q. In that case, would not there be more retained in the venal circulation than in the arterial?

A. Well, I don't know as I can give an opinion about that, Doctor. 440

By the Coroner:

Q. In this malarial poison what effect does this poison, as you understand it, have upon the nervous system; does it act as a sedative?

A. It does.

Q. And that is the way that you account for the feeble pulse?

A. Certainly.

Q. Now, supposing that a man dies in a congestive chill, where does death first take place; what is the

441 organ that first gives up; is it the brain, the heart or the lungs; those are the three great vital principles of life, or there is where they reside, I believe?

A. I think it would be either the lungs or the heart; it would depend upon what had spent its force there.

Q. There was difficulty of breathing all the time he had those spells, together with a feeble heart, feeble pulsations?

A. I think there was.

Q. So that it could hardly be determined which could be the first to give up?

A. I should not be able to determine it.

Q. There are some of those chills that have so
442 severe an effect upon the system that they produce insensibility; then, of course, there would be more or less paralysis of the brain for the time being?

A. It might be.

Q. Or a sedative—whatever you might choose to call it; in the case of paralysis of the heart or fainting, what would be the difference in the condition of the cavities of the heart as to the quantity of blood in them, or do they amount to about the same thing?

A. In paralysis of the heart we should expect to find as I said before, an accumulation more or less of blood in the heart.

Q. Do you understand in this case, take it all the way through that the vital powers were so interfered
443 with that the circulation was much lower and more feeble than normal?

A. I think it was more than normal.

Q. What condition is brought about by which you get an infusion in the cavity of the heart or in the pericardium; is it the result of feeble pulse for a long, long period and a lack of—well, secretion, perhaps, or the vessels becoming feeble from the nerve power being depressed, they would not have the power to contract, and hence you might possibly get a leaking?

A. Certainly.

Q. Now, in dropsical condition you get that feebleness of the heart's action?

A. You do.

Q. But there is an emaciation at the same time? 444

A. The secretion does not go on so readily, and the assimilation of food.

Q. When he had that chill did you examine his feet to see whether they were cold?

A. They were cold.

Q. And his hands were cold?

A. They were; his legs were cold.

Q. Was he cold to the extent of producing any irregularity of the skin; what we call pimples or anything of the kind?

A. I did not see that myself.

Q. Now, in this *post-mortem* examination Dr. Swinburne notes "a heavy indentation extending upwards and backwards from the os-hyoides to right around 445 back of the neck;" did you observe that?

A. I did.

Q. What were your impressions at the time that it was caused by?

A. I regarded it simply as a *post mortem* condition —the position of the head—he being a fleshy man.

Q. Was that anything more than you might ordinarily expect to see in this case?

A. No, sir.

Q. Was there any discoloration of the skin?

A. I saw none.

Q. The attention of none of the doctors was called to any discoloration of the skin at that time, was it?

A. I think not; I examined very closely myself at 446 the time and saw none.

Q. There was no abrasion of the skin, was there?

A. I saw none.

Q. Suppose a man dies from being strangled, would you find anything of the conditions by making an autopsy of the parts that are disclosed here?

A. You would not.

Q. There was some more or less of mucus in the bronchial tubes; how do you account for that?

A. He had a slight bronchial inflammation for at least a week before he died.

447 Q. Do you know of his expectorating any blood during that period?

A. No.

Q. You noticed the discoloration of the bronchial tube yesterday or the trachea?

A. I did.

Q. Did that correspond with the first examination as to color?

A. Disorganization had been going on, of course, and it magnified it very much.

Q. Suppose you take some of the coating of the trachea, and put it under a glass of heavy magnifying power; would you expect to disclose anything at this
448 period; you are familiar with the use of the instrument?

A. I use it more or less; I would not expect to find anything to throw any light on the subject at the present time—five months.

Q. Would there be so much of a change in the secretions of the mucous membrane of whatever fluid you might find there that you could determine anything from it?

A. I think not.

By Dr. Edwards:

Q. I would like to ask, if at the first autopsy at the Dwight house there was any appearance or any
449 attention called to the detraction of the lower jaw?

A. I have no recollection of any such attention being called.

By the Coroner:

Q. The original autopsy as made out by Dr. Burr —do you know where that is?

A. The last I saw of it Dr. Delafield put it in his pocket.

Q. Do you know the date when they first gave Fowler's solution of arsenic, Doctor?

A. I think it was on the 3d of November.

By Dr. Andrews:

Q. How many days was that Fowler's solution given; how long? 450

A. I cannot say positively, but I think only a few days; it did not seem to agree with him and they abandoned it?

Q. Was the gelseminum given during the time you were there, or afterwards?

A. No, previous.

Q. Of course you know nothing yourself, personally, about that?

A. No, sir.

By the Coroner: That is all.

Dr. Lansing Griffin, sworn. 451

By the Coroner:

Q. Do you live in this City?

A. Yes, sir.

Q. What is your business?

A. Practicing medicine and surgery.

Q. How long have you practiced?

A. Twenty-five years.

Q. Practiced most of the time here?

A. Part of the time.

Q, Practiced in the South any?

A. Not much; I was there during the war. 452

Q. Have you any personal knowledge of these troubles called malarial, more than you have seen here in common practice?

A. No, sir.

Q. You never saw any of it in the South?

A. Yes, sir; I have seen cases of malarial fever in the South.

Q. Have you seen any of congestive chills?

A. I don't know that I ever saw any case of congestive chill, such as that described here.

Q. Did you ever see a case of malarial poisoning?

A. Yes, sir.

453 Q. What effect does the poison have upon the system?

A. It has the effect to produce fever and chills, or chills and fever.

Q. Does it always have an effect to produce fever?

A. I think not always.

Q. What would you say was the effect of the poison —a stimulant, a sedative, narcotic, or what?

A. I don't think I could say very much about that.

Q. Did you ever see a case of malarial poisoning where a person having it, would have a chill without fever following it?

A. I don't recollect now of having seen a case but
454 what there was a little fever followed the chill.

Q. In malarial fevers, what are the types generally recognized?

A. Well, intermittent and remittent fevers?

Q. I mean as to the frequency of these attacks?

A. They are divided into three, I believe; the first is quotidian, every twenty-four hours; the next is tertiary, every forty-eight hours, and quotant—I believe, is the name for it—seventy-two hours.

Q. Those come on at regular periods, do they?

A. Yes, sir.

Q. Have you ever known a chill to come on in every four days, at regular periods?

A. My recollection don't serve me on that now; I
455 think I have in one instance, but I don't recollect the particulars of the case.

Q. In these malarial fevers there is more or less prostration, is there not?

A. Yes, sir.

Q. There is a depression?

A. It seemed to have a decidedly depressing effect.

Q. Upon what part of the system does it appear to act?

A. The nervous system.

Q. Are you familiar with the literature of these malarial fevers and congestive chills?

A. Ordinarily so, but I do not claim to be expert, and not particularly posted up on the literature.

Q. Suppose you have a case of malarial poisoning so that the system became pretty thoroughly charged; would you expect in this case to have a rallying so much as to produce fever after a chill? 456

A. That has been my experience in cases that I have seen; there has been generally some fever.

Q. I ask you with a system saturated enough to produce a congestive chill; I knew you had not seen such a case, but on general principles, would you expect to find a system able to rally from it enough to produce corresponding fever after chill?

A. Well, I don't know.

Q. Is not it a fair presumption that where a system becomes thoroughly charged, that there should be some effect? 457

A. The effect of this malarial poisening is something that I don't clearly understand very well; if I could speculate upon that matter I could imagine——

Q. (Interrupting.) We don't want any imagination upon it?

A. The system might be so thoroughly charged with this poison that the depressing effect would be so great that there would not be any fever.

Q. T at is what I want to find out; by that you want to convey the idea that the system does not thoroughly rally from it at any time?

A. Yes, sir.

Q. Because, of course, action and reaction are always equal where everything is right; you knew Col. Dwight, did you? 458

A. Yes, sir.

Q. How long have you known him?

A. Well, I have known him since he was a boy; I visited in his father's family when he was quite a lad.

Q. Did you ever prescribe for him?

A. I don't believe I did.

Q. Did you ever make a physical examination of him?

A. I believe I examined him once for life insurance, several years ago.

Q. You have'nt any notes have you

459 A. No.

Q. You were present at the *post mortem* examination held on Colonel Dwight on November 18th, were you not?

A. Yes, sir.

Q. This purports to be a copy of the *post mortem* examination as held at that time; see if it is according to your remembrance? (handing witness paper.)

A. I have read this over once; there is a great deal of it that I don't recollect the particulars about, and somethings I do.

Q. Is it your impression that that is it?

A. I should judge that is it; yes, sir.

Q. This depressed condition of the nervous system
460 in malarial poisoning, you say acts as a sedative rather?

A. Yes, sir; that would be my impression.

Q. What difference would you discover in the effects of this malarial poisoning upon the system, from any other sedative; for instance if it was a drug?

A. In one instance in acting—what do you mean; opium?

Q. No; gelseminum, aconite, or anything of the kind which is a sedative?

A. If it was a decided anodyne, I should expect sleep to follow it, and that the effect would pass off, after the drug had ceased to act; it would be temporary in any case.

Q. Dr. Burr, I think says, he gave gelseminum at
461 one time to this man deceased; what would be the effect of that upon the system in moderate doses—four drops, or five or six drops; what is the ordinary dose of the fluid extract of gelseminum?

A. I have not been in the habit of using it; I have given five and six drops, and eight drops.

Q. How frequently?

A. Once in four, six or eight hours; I have forgotter now.

Q. What effect did you expect from it?

A. To quiet the nervous excitement and as a febrifuge.

Q. Is that a sedative?

A. To a certain extent it is. 462

Q. Would you think three drops a large dose?

A. I should think not.

Q. Four, or five, or six?

A. I should think five ought to be a large dose; I never gave very much of it; I don't know very much about it—about the drug.

Q. In this *post mortem* examination, made at the Spaulding House, did you hear any objections to anybody's signing this paper, or any strictures as to the correctness of it at the time it was signed?

A. I think not, sir.

Q. Did every man that signed that seem to sign it willingly?

A. I did not see everyone sign it; it was, as far as I saw; I don't know that I could judge for the rest of them; I signed it willingly. 463

Q. Because you believed it to be true, as revealed by the *post mortem?*

A. Yes, sir.

Q. You recognized the body of Col. Dwight at the Spaulding House on that day?

A. Yes, sir.

Q. Did you recognize that body that was taken out yesterday as being the same one?

A. Yes, sir.

Q. Beyond a reasonable doubt?

A. Yes, sir.

Q. You were at the *post mortem* yesterday?

A. Yes, sir. 464

Q. You were there pretty much all the time?

A. Mostly all the time.

Q. Did you see anything in that *post mortem* that changed your mind as to the cause of the death?

A. I did not—no, sir.

Q. Was there any examination of the spine?

A. Well, to a certain extent.

Q. What was the condition of the spine at that time?

A. Do you mean of the cord?

Q. Of the spinal cord, I mean?

465 A. It was decomposed to a great extent; in a state of semi-decomposition.

Q. Was it so decomposed that you could scarcely tell if it was a regular structure, by the naked eye, I mean; it was broken down?

A. Yes, sir.

Q. From the history of that case, as detailed by Drs. Burr and Orton, by the thorough *post mortem* that was made on the body directly after this, what conclusion did you come to as to the cause of the death of Col. Dwight?

A. Repeat the question, if you please.

Q. From the history of that case, as testified to by Drs. Burr and Orton, and the *post mortem*, that was
466 afterwards made, what conclusion did you come to as to the cause of the death of the deceased?

A. My conclusion is that he must have died from just the cause they claimed, not knowing any other cause.

Q. Was there enough structural change here to account for death?

A. I think not.

Q. Without a previous history?

A. I think not; at least, not to my mind, it is not sufficient.

Q. I will ask you, in fevers of a malarial character, generally, in making a *post mortem*, would you expect to find much of an organic change?

A. I have made the examination in a few cases, and
467 in some cases I have not found any particular change, although some engorgement of the lungs; stasis of blood.

Q. In these cases that you have examined, if you had not had a previous history of the case, would you be able to tell what killed them in these cases?

A. I think not.

Q. Then it differs but very little from this case?

A. Very little.

Q. I suppose, Doctor, the way that these matters are usually arrived at, in regard to determining a cause of death from fevers of most any kind, is, that there are

so few structural changes, that collateral evidence is quite as useful as anything else? 468

A. Yes, sir; the previous history of the case during his life, the manner of his death, etc., have much to do, I think, to determine the cause of it.

Q. For instance, the cavities of the heart, the condition of the blood, the amount of blood in the cavities in the heart, and the amount of blood in the lungs; now, in congestive chills or chills of a malarious character of any kind, would you expect more or less congestion of the internal organs; for instance, the lungs, the brain and the membranes of the brain; would you expect to find much, if any, congestion?

A. I don't know whether I should expect it; I should expect to find some engorgement; I don't know to what extent; I have not studied the thing up in a good while. 469

Q. The history of this case seems to show there was a good deal of irritation of the stomach; now, from the condition of this stomach as found, are there enough anatomical changes to account for the sickness at the stomach—of the mucous membrane, etc.?

A. My impression is that there was not.

Q. Some portion of the mucous membrane of the bowels was changed, I understand?

A. I don't recollect.

The Coroner: You can take the witness, gentlemen.

By Dr. Bassett: 470

Q. Did you examine the intestines at the first *post mortem*?

A. No, sir; I don't recollect that I examined the intestines.

Q. Did you notice Dr. Delafield take out the tongue, larynx and trachea?

A. Yes, sir.

Q. I am speaking of the first autopsy?

A. Yes, sir.

Q. What were the peculiar conditions of those parts?

A. I didn't notice anything peculiar about it, or un-

471 natural in appearance, except the mucus in the air-passages of the bronchii.

Q. Did you notice the mucus in the larynx, with air bubbles?

A. I don't know; I don't recollect about that.

Q. Was it much engorged or congested?

A. My impression is not—not very much engorged.

Q. There was no abnormal condition indicative of any violence having been used on that part before or during life?

A. Not that I noticed.

Q. Had you noticed any peculiarity of the neck previous to that examination?

A. Yes, sir.

472 Q. What was it?

A. There was a crease, I would call it, a fullness of the neck above, and a crease extending from the oshyoides upwards and backwards around the neck at an angle of 45° on the right side, and on the left side from the thyroid cartilage around to the back of the neck.

Q. Did you form any idea or conclusion as to what produced it?

A. Dr. Swinburne called my attention to it, and I called the undertaker's after my attention was called to it; from his statements of his manner of cooling the body, and position of the head, I thought that was all there was of it, and that the change in the position of the head gave it that fold and that appearance, and

473 it looked as if there had been something—a collar or something—that came around the band of his shirt that compressed it a little there.

Q. Would the chin-rest as applied produce any such wrinkle?

A. The chin-rest, if it was put on previous to the cooling of the body, would displace the tissue to a certain extent and depress it.

Q. At that time when you noticed that was there any ecchymosis about it?

A. About the throat?

Q. Yes, sir.

A. I noticed some ecchymosis spots on the back of 474
the neck; there was ecchymosis there.

Q. Where was that—on the side?

A. Along the middle of the neck; here. [Indicating it.]

Q. Was there in either the larynx or trachea?

A. No, sir.

Q. If there had been strangulation from a cord would there be any different appearance of the larynx and trachea than if it was an ordinary disease?

A. I don't know; I have not seen or examined persons dying in that way.

Q. What is your idea?

A. I should think the compression there would be likely to produce some engorgement of the vessels; 475
a little change, but to what extent I don't know.

A. If there had been a cord wound around the neck, when that was removed would you expect to find the place where the cord was as deeply engorged as at the side?

A. I should think the engorgement would be more above the cord.

Q. Did you see any marks of fingers or finger nails about the neck?

A. No, sir; I did not.

Q. If death had been caused by strangulation or smothering, would there have been any pathological condition of the lungs different from anything else?

A. Only the engorgement; I should expect to find 476
the lungs filled with blood and considerably engorged.

Q. Would that engorgement be general, or would you expect to find patches?

A. I don't know what I should expect to find exactly there; I have not seen enough of them made to determine the matter.

Q. A person dying of a congestive chill, would you or would you not expect to find the internal organs more or less congested?

A. Yes, sir; that is what I should expect.

Q. Would you find the heart congested?

477 A. Yes, sir.

Q. Would you find the cavities full of blood ?

A. Well, I don't know about that ; very likely you would find some blood there.

Q. Did you, at the time of the autopsy, examine the heart ?

A. Well, I was looking on with the rest.

Q. Was there any blood in it ?

A. It strikes me that there was a little blood in the heart.

Q. In what ?

A. I don't recollect.

The Coroner : This autopsy tells the story ; that is in evidence.

478 Q. I want to know if he knows ?

A. I could not now distinctly recollect ; I signed it at the time, so that you can tell it from that.

Q. (By Dr. Andrews) : I will ask this, simply, if, in your opinion, a man was strangled or came to his death by a cord fastened around his neck, would it be likely to leave any trace of it before the body was cold, and afterwards, either by a depression like that?

A. No.

The Coroner : That is all for the present.

Adjourned until April 25th, at 9:30 A. M.

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479 BINGHAMTON, N. Y., April 25, 1879.

HEARING RESUMED.

Dr. John Swinburne sworn.

By the Coroner :

Q. Dr. Swinburne, where do you live?

A. Albany, New York.

Q. How long have you lived there ?

A. Well, I have lived off and on there since 1843.

Q. What is your business ?

A. Physician and surgeon.

Q. How long have you practiced? 480

A. Well, I have practiced since 1846?

Q. Were you acquainted with Walton Dwight, deceased?

A. I was not, sir.

Q. Did you ever see him before you saw him at the *post mortem* which was held at the Spaulding House?

A. I did not, sir.

Q. You were present, at the *post mortem* held by Dr. Delafield, at the Spaulding House on November 18th, last?

A. Yes, sir.

Q. You came with other surgeons present to witness the *post mortem*, did you?

A. Yes, sir. 481

Q. Here is a copy, purporting to be the result of that investigation, will you state to this court if you please, whether that is a correct copy of the original, as near as you can remember?

A. Of the one made at the time?

Q. Yes, sir.

A. It is correct, with the exception that in the first sentence there, the first paragraph, it says Doctors Swinburne and Ayre think this indentation, as it were—that this indentation is caused by bending the head and neck backwards.

Q. Did you ever make such a statement?

A. No, sir; and I call now for the original document.

Q. The original document is not here. 482

A. The original document was in the handwriting of Dr. Burr.

Q. I have inquired for that, and he said Dr. Delafield had it?

A. I have seen Dr. Burr this morning, and he says the statement went thus far at the time: "Dr. "Swinburne notes a heavy indentation extending "upwards and backwards from os-hyoides to the "right, and around to the back of the neck, and on "the left side below the thyroid cartilage, running "upwards and backwards at an angle of about 45;"

there it stopped; now, this may, perhaps, require some explanation, and I can give it to you in a moment; after this was all read through, Dr. Burr—the elder doctor—made some suggestions as to some amendments, and I don't know whether I did or not; he says to me this morning, he did make some; I presume I did too; there may have been something said, as to what this indentation was, or was not, but at that time I certainly never gave an opinion, and if that was put in afterwards, it was interlined or interlarded, and will be found in the original copy, but if it was done at all it was done after the reading; I asked Dr. Burr to come over and make that statement to the jury.

Q. All right; of course we want to know what there is about it; is there any other paragraphs in there that is not according to your remembrance the same?

A. I think that is very correct—I think that is correct outside from that.

Q. Except your comments on that particular paragraph?

A. Yes, sir; I didn't assume to give an opinion upon the case, or any portion of it, at that time, because I was not sent here for that; I would say, however, in reference to this whole document, that there were several points there noted by Dr. Delafield that are not in this document, why, I don't know; now, for instance, if I am allowed to make a comment ——

Q. I will say this to you, Dr. Swinburne, and to this jury, that I will try to procure the original copy before I adjourn this inquest; if that is not a correct copy, we would like the original; we want the facts, just as they are.

Dr. Spenser: Before you discharge the jury?

The Coroner: I mean before I permanently adjourn.

A. I presume you will find those words there; as I say, I didn't put it in anything like that language at all; I presume you will find those words interlarded; I presume you will in the original copy.

Q. Now, Doctor, in the original copy, in the original paper of this *post mortem*, did you object to any portion of it?

A. I do not think I did, sir. 486

Q. You signed it voluntarily?

A. Oh, yes—oh, yes; I would say, however, that there were several points that I suggested there that were not noted.

Q. Will you state to this jury what they were?

A. The number of ecchymose spots on the back of the neck and shoulders; that is one of them; the fact that the lungs did not collapse, I asked to have noted when the chest was opened; the fact that the mucus in the bronchi was more or less colored; I presume it was what we call bloody mucus; that was not noted in the original notes; of course it was done all in the hurry, as you know; there was but little time taken for an inquest, instead of which there should have been three 487 days on the *post mortem* examination; I would say, in this respect, I came here—perhaps I could explain that.

Q. I desire to ask you why you came here?

A. That is the point I was going to make; the morning I came, or the day before, perhaps, Dr. Porter came to see me and said Colonel Dwight was dead; I didn't know who Colonel Dwight was; I was ignorant of him at all events, and so I asked him who Colonel Dwight was; he said he was a wealthy man at Binghamton; represented a great deal of interest, and he had died with a large insurance; he says, I can't go, and will you go for me; I says, yes, with pleasure.

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Q. Thereupon you came to this City?

A. I was going to say I got through with that; he sat down and read me the notes of Dr. Burr, in reference to his whole sickness; had several of them; he read also a long report he had just been making for the company, covering the entire case as he had it from Dr. Burr and from his visit here; it seems he visited Mr. Dwight in company with Dr. Burr; that was about all that was said; he simply said that he wanted I should come here, note all the facts I could, and bring home to Albany—back to him rather—certain portions, or such portions of the body as I thought

489 best for medical investigation, and that he should at least have a share, that he could examine carefully for himself and the company.

Q. On what day did you arrive here?

A. I arrived the morning of the inquest, sir.

Q. The autopsy?

A. Yes, sir; the autopsy.

Q. Did you then see Dr. Delafield?

A. I did, sir.

Q. Did you have any conversation with him touching this case?

A. Yes, sir.

Q. What was that conversation?

A. I said to him, I thought we had better sit down
490 and talk over the case, so that I should know something more of this point we were to investigate.

Q. Did he tell you at that time how he came to come here?

A. No, sir.

Q. Did he tell you that he was to make an autopsy?

A. I don't think he did; I think the Burrs told me that—that he was to make it—but I don't think he did.

Q. Did you come here prepared to make an autopsy?

A. Yes; I am always prepared to make one, sir; of course I came here prepared to do anything; it is my life; it may seem egotistical, but I can't help that;
491 Dr. Delafield did not ask me, but I will tell you what I said to him.

Q. I was going to—I want you to state what was the conversation you had with Dr. Delafield touching this case?

A. Well, I say, after saying to him that I had come here for the purpose of representing Dr. Porter, or those interests, and that we had better sit down and talk it over, he gave me to understand very brusquely that he had talked all he was going to on the subject, and had made all his arrangements, and that virtually I would be permitted to come in simply and look on, and I came down and went into the room, sir; I sup-

pose that I was much in the same position that you were, sir—simply permitted to look on; that is what I thought at the time; a good many thought I was a stray sheep. 492

Q. Didn't you feel at liberty, when you were there, to make any suggestions you thought proper or pertinent to the case?

A. I did do it whether I felt at liberty or not.

Q. I thought so?

A. And I was; I think they were not gainsayed; that is, the facts were not gainsayed.

Q. When you first saw the body of Colonel Dwight, where was it?

A. Well, he was out in the building, back of the hotel; I don't know exactly where. 493

Q. In the Spaulding House?

A. Yes, sir; a building they sometimes said was used for a dance house, a carriage house, used for a variety of purposes; I don't know what.

Q. Was he stripped ready for the autopsy when you first saw him?

A. I am inclined to think he was not entirely; I don't now remember.

Q. You don't remember of seeing the articles of clothing taken from his person?

A. I could not now say; I think there were, perhaps, a shirt and drawers taken off, after we got there.

Q. Were there a large number of doctors present at that time, when you first saw him? 494

A. I so understood; but I didn't know.

Q. There were several persons in the room at the time?

A. Yes, sir; I presume they were physicians; I talked with two or three, and found them very intelligent at all events.

Q. Pretty good evidence that they were?

A. They may have been amateur, but pretty good ones at that, if they were.

Q. After the clothing was stripped from the person of deceased, you, with others, viewed the general appearance of the body.

49 A. I am like the methodist people; I joined in and looked the same as the rest did.

Q. As I understand from you, Dr. Swinburne, you endorsed this *post mortem* as is here—of which here is a copy—all except this remark that you made, that Dr. Swinburne and Ayre think this is caused by bending the head and neck backward.

A. Now, let me understand; you ask me if I endorsed it as a perfect and complete autopsy of what ought to have been had.

Q. Of an autopsy as far as it went—a complete autopsy as far as it went?

A. Yes, with the exception I noted before; I except two or three points, and there may be two or three
496 more; I don't know until I read it over.

Q. This then will be received as evidence, except those two?

A. If you will permit me to read it over, I will tell you.

Q. Yes, sir; I would like to have you read it over carefully?

A. I can tell you in a moment; he speaks there of the cicatrix as from a bullet; I would strike out the word "bullet," which I should object to; that is immaterial, I presume; "several ecchymose spots;" there was a large number of ecchymose spots—there was not less than a hundred; "lungs unduly inflated, and didn't collapse," should not have been put in there at the
497 time; "bronchi congested and coated with mucus;" that should have been "colored mucus;" "the upper lobe at the apex"—this is the right lung—"upper lobe at the apex, several small fibrous nodules, probably the result of old pulmonary phthisis;" it will be remembered in the old notes—whether they were torn—I remember Dr. Burr tore up some first—there was a cicatrix; that word is struck out, and in its place is put "fibrous nodules;" now, there were not only fibrous nodules, but there were cicatrices there, and it is unquestionably the result of old pulmonary phthisis; there is no doubt about it; there was the spleen, which he notes a little soft; I would say I did

not think the spleen was any softer than natural; 498
"epiglottis, larynx and trachæ, congested and coated with mucus;" that should be "coated with colored mucus;" I should term it bloody mucus; I should have the word "bloody" put before the word "mucus;" that is all, I think, with those exceptions.

Q. Were these exceptions that you speak of, according to your remembrance, in the original notes?

A. I think the original notes—yes, sir; a copy of the original notes as it was aside from what I have; I am not sure now what amendments were made—I mean what changes were made from the original notes aside from the ones I speak of there; I know there were some few; probably Dr. Burr might tell you, if he recollected. 499

The Coroner: Dr. Burr, in regard to this bullet scar, do you remember who spoke of that, or do you know who suggested it be called a bullet scar?

Dr. George Burr: I did myself; that was one of the amendments I proposed; that was on a reading of it, before signing.

The Witness: I signed this, simply because I felt it was an approximation of what, perhaps, they would get; perhaps the best they could get; I don't know; if I had been acting for myself, or sent in the interests of the company, personally, without any instructions, it would have been different, but I had instructions, and they were simply to note what was done, and to bring home so and so. 500

Q. Are you acquainted with the gentleman who made this *post mortem?*

A. Dr. Delafield.

A. Yes.

A. I am sir.

Q. Did you ever see him before this occurred?

A. Not to my knowledge.

Q. Do you know anything about his reputation as to his being a skillful anatomist and pathologist?

A. He stands well, as an anatomist and pathologist.

Q. Would you consider him entirely capable of making a thorough *post mortem* examination?

501 A. Capable of doing it! certainly, if he would take time to do it, but he didn't take time.

Q. You think it was too much hurried?

A. Certainly; two days at least should have been taken in an important case like this; where the interest, probably, is at stake as to whether it is murder, suicide, or natural death; in a case of that magnitude, the people have a right to demand it, to demand a most careful, perfect investigation, and Dr. Delafield is capable of doing that, so far as the manual labor is concerned, so far as the facts that are laid down in books; it sometimes would require more than that; after getting facts, you have to put them together, to reduce them, else you can do nothing with them.

502 Q. You know something of Dr. Delafield's reputation, do you?

A. I know something since I asked people in reference to him; Dr. Delafield has not as much age as he ought to have, in order to have the medico-legal knowledge to take hold and examine a case of that kind properly, in my judgment, but I thought that day, to be frank with you, that he was far too pompous; I guess you yourself did not get far from that view—that everybody was thrown one side, and that he looked upon himself as the great I am; I went there merely as a looker-on; I was not acquainted with him, and was not introduced to him on that day.

Q. Now, doctor, from this post-mortem, as held at
503 the Spaulding House, is there anything in that post-mortem, or the result of it, that accounts for the death of Colonel Dwight?

A. You mean from natural causes?

Q. I mean from any causes?

A. Yes, sir.

Q. You will state to this jury what your conclusions are in regard to that—purely your deductions made from this post-mortem examination, without any collateral evidence whatever, because you have no evidence on the subject yet, not knowing him?

A. That is what I propose to do, if I do it at all; I should take it from the post-mortem, but am I not to

use any evidence I heard here; am I not to use the knowledge of the profession I have acquired prior to that; am I not to use what I learned from books? 504

A. You have got to refer to those—your general information; if you should go over and witness that autopsy without having any previous education on the point, you could not judge, nor anybody else?

A. Yes, sir; I should prefer to have instructions on that subject; to start with, I would say, commencing with the brain, this post-mortem revealed a clot of blood between the membranes of the brain, a firm clot of blood a full inch in diameter, and from a sixteenth to an eighth of an inch in thickness; it also revealed the venous trunks of the membranes and skull—the membranes of the brain and skull—filled to repletion, 505 with fluid blood, blood that would not coagulate; passing along down from there, you come to the lungs—[to the reporters]—if I speak too fast, stop me.

Q. Oh, no; they can take it?

A. We come to the lungs, and we find upon opening the chest that neither lung will collapse; we find upon a more careful examination that the windpipe and all its branches in the lungs, except the smaller ones, are filled with mucus; thick tenacious mucus; the mucus lining of those channels was red and congested; I would say, however, before going any further, that this mucus was covered with blood; we find upon opening the lungs that they were congested to the extent, that including the fluid in the chest 506 which was found there, amounting to several ounces, they weighed over four pounds; of course, some parts of them were more congested than others; we find these congestion extending clear up to the larynx; we find upon the posterior part of the shoulders—the shoulders in fact—and arms, a very large number of ecchymoses; I should say, at least, there were over a hundred of them; we found the heart empty, with the exception of about an ounce of fluid blood and a small amount of granular matter—granular blood—that is, it is not called coagulated; it was not thoroughly coagulated; it was the granular form of

507 coagulation; I observe that was not noted in the *post mortem*, either; I noticed that was the form of the blood, and I called Dr. Delafield's attention to it twice, but he was rather disposed to push me off; I say nothing about it; that was the fact about that; I find the liver congested; I find the heart entirely healthy, but every particle of blood in the heart, in the tissues of it, had been pushed out by its own contractions; that is, it labored so hard to expel the blood from the inside, that it had emptied itself—its own tissue of blood; we found the liver and kidneys both extensively congested; we found the cavae, as they are called that is the large veins coming to the heart—all emptied; this was evidenced
508 by the fact that when we came to remove the intestines and other organs, I was unable to get more than an ounce of blood for chemical examination; from an ounce to two ounces; it was a two ounce vial, and was only partly full; we found, therefore, that the blood had all been drawn in through the veins of the chest and of the abdomen, as far down as possible, so that they were bloodless, and this blood had been pushed off into the lungs and other parts of the body; so that the entire blood of the body—pretty much the entire blood of the body—rested in the soft tissues outside of the cavities, and in the lungs, the liver, and the kidneys; those who were present will remember that the intestinal canal was measurably bloodless;
509 that all the blood we could find, aside from these clots before mentioned, was fluid; it was evident that the clot in the brain was of very recent origin, because it was not organized, nor was it firmly adhered to the tissue; besides that it was of the normal color of ordinary clots, whereas the grumous clots in the heart, the granular you may call it—grumous or granular—were dark colored; but not the bright color of the other, thus showing that Colonel Dwight must have lived some little time after this clot was formed; that is to say, this first clot in the brain must, of course, have been formed before he was dead; before he was dead, and before the blood had become loaded down with

carbonic acid gas; the clots in the body, and all the rest of the blood, were evidently loaded down by carbonic acid gas, as evidenced by the color and fluidity there; now these sudden deaths in persons as healthy as Colonel Dwight was—that is, as shown by the post mortem, I mean—take place either from the heart, the lungs or the brain; perhaps I am a little too fast; I would say that every organ in Colonel Dwight's body was regarded as healthy, absolutely; so all said, I believe—that it was absolutely healthy; it was evidenced in this case—wait a moment; I would say it takes place from either of these three organs, or sometimes from a combination of the two—called mixed conditions; in this case death did not take place at the heart, because the heart continued to act after the other organs had ceased to perform their functions, and until it had nothing else to act upon except to act upon itself, or like a pump without any fluid to work with; it had evidently acted until it had drawn in all the blood that could be drawn in, and forced it into organs near by—the liver, as we have spoken of, or the soft tissues beyond; Col. Dwight, therefore, did not die of syncope or paralysis of the heart; but in my judgment, he did die of asphyxia, and I have reason to believe, taking everything into consideration—I would go back and state one point that I forgot to mention in the first instance, and just as contained in that *post-mortem*, taking the *post-mortem* as a part of the statement, of course; noting the heavy indentation around the neck there—I speak of that as one—I have every reason to believe, I say, that he died by asphyxia, and that asphyxia was induced by a cord, or by a fillet around his neck; I don't believe the whole weight of the body was on that—the weight of all the body—the entire weight—I think it was drawn moderately around, if at all; moderately around, I leave that word, "at all," out; moderately around; of course, there are many other forms, as you all know, gentlemen, all of you, of asphyxia; but this seems to me the most probable; in a state of stupidity from drunkenness, or from opiates,

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513 a wet cloth over the mouth and nose, would produce the same result, and about the same *post-mortem* conditions; this form of asphyxia, is what Taylor designates as the mixed form; have you got my Taylor there, I would like to refer to my tables, that is all; let me have both volumes, if you please [Dr. Sherman hands the volumes to the witness]; he gives a table: out of 168 cases of hanging, 130 are the mixed condition, in which the heart is absolutely empty, and those other organs are congested; only twenty out of the one hundred and sixty-eight die of pure asphyxia, and eighteen of apoplexy; we have reason to believe that in all these deaths—in a suicidal death, where a cord or fillet is above the larynx—that you will always have
514 this mixed condition; that is assuming that there is no violence done; that is that they do not jump from any weight or height, or anything of that kind, but simply settle down upon the cord as they generally do; you will find that mixed condition; here is another table by Taylor, in which he says that where the cord is put above the larynx—that in 140 cases out of 143, the cord was either up above the larynx, or on the larynx, and only three below the larynx in suicidal destruction by the cord; now, in all this, you will have that mixed condition; the heart would be empty; the air continues to go in, is continued to be drawn into the lungs, partially, as the blood becomes partially renewed; the heart continues its action
515 until it is empty; on the other hand, where the air is cut suddenly off, as it would be where a cord was below the larynx, or as it is generally in executions, you have a sudden death, so sudden that the whole body and everything is paralyzed, and everything is left just where it is or where it was; I believe that is about all.

Q. You speak of there being a bloody mucus in the windpipe—how much in quantity should you think, as compared with health; there being always some mucus, of course, and there is a moisture?

A. There is a moisture in health, but then there is no perceptible quantity.

Q. Was it heavily coated?

A. Yes, sir; heavily coated; I would state, however, that that was the reason—at least, however, I could not believe that that was the reason why the air would not go out of the lungs, or would not collapse, and that is one of the reasons why I asked to have the tongue removed, fearing that might have been clogged up with some foreign matter, as is sometimes the case, but we found it must be the mucus, and could not be anything else, and they only collapsed when they were cut to pieces. 516

Q. In what proportion was the arterial blood, as near as you can judge from the autopsy?

A. I did not find any arterial blood.

Q. You didn't find any? 517

A. No; it was all dark; it was the fluid blood; there was no blood that would coagulate, and that is one of the first evidences, you know yourself, of death from asphyxia; it is one of the points we always look for in death from asphyxia.

Q. There were some internal organs removed, were there not, for chemical examination?

A. I think there were three half kidneys, a portion of the liver, all the intestinal canal; that is all, I think.

Q. Do you know what became of those jars; they were put in jars as stated here?

A. I took one package to Dr. Porter of Albany.

Q. Did you deliver it to him?

A. I did, sir; sealed up as it was; Dr. Orton took one portion, I think, and Dr. Delafield another. 518

Q. Do you know whether that portion that was left with Dr. Porter was examined chemically or not?

A. I don't know anything about it; I have not conferred with Dr. Porter to any extent since; he has preferred that I should act in this matter, rather than himself; I don't know why; perhaps because he thought I was more of a bull-dog than he.

Q. You have never seen or made a chemical analysis of the contents of those jars?

A. No, sir.

519 Q. How did you account for those marks on the back, that you speak of, *ecchymosis?*

A. They are conditions that follow asphyxia, superinduced by cutting off all air, as it would be done in hanging, or in conditions like that.

Q. Would you find those spots without anything of that kind?

A. I have never seen them; they are laid down in Taylor's and other works, as one of the things that frequently follow—perhaps not universally—but frequently follow asphyxia.

Q. You are familiar with the literature of the subject; have you ever read of any spots being upon the back like these?

520 A. I have never seen any, and do not know of any; they are laid down as one of the conditions that follow that form of death.

Q. Do you mean to say they would not occur without a cause of death in that way?

A. I don't say that; I don't know of any cases, nor do I know of any literature on that subject, except that of medical jurisprudence—and I assume that if the works on medical jurisprudence do not mention them as being found otherwise, the assumption would be that they are characteristic of that form of death.

Q. Have you carefully searched all of the works to find any evidence on that point?

A. No; I have read them generally, and they speak of that as one of the things that often accompany this;
521 they don't say it does not accompany anything else, but it certainly cannot be the next form of death—that is, of coma, because there is no such pressure on the blood vessels, nor could it follow syncope, because there is no pressure; the only case where there is pressure is where the circulation is cut off from the head, and it is in that way that I account for the blood remaining in the vessels and membranes of the skull or brain, &c., and that is what I called Dr. Delafield's attention to; when you take into consideration the fact that the brain itself, according to the autopsy, was not congested—I recollect the fact that it was

not congested—but it was perfectly healthy, normal; 522
in other words, there was no surplus of blood in it, but in meningites there was; now you will perhaps ask the difference between the two, and we perhaps might not be able to explain the physiological grounds why the difference would be, but perhaps if one thought over the course of the vessels—I am a little rusty on that now—perhaps it might be explained in some other way.

Q. According to your theory, then, this man came to his death from the lungs, or a mixed condition?

A. A mixed condition of the brain and lungs.

Q. Where a person comes to their death from asphyxia or at the lungs, in what condition would you find the blood in the heart and in the lungs? 523

A. That depends upon the form of the asphyxia; I mean the causes for the asphyxia.

Q. Suppose this man came to his death in the form in which you say, what is your theory in regard to a wet towel over his face; would you expect to find just the conditions that you found here?

A. That I cannot tell you; I could not say that; I am not familiar enough; I have never seen cases—never seen but one case, and that is laid down as one of the manners in which persons have been killed; for instance, you come along by a drunken man, and put a wet handkerchief over his face, and he dies, but what the *post mortem* conditions are I can't tell you; but I assume they are very much the same, because there you cut off the contact of air and they die slowly. 524

Q. I suppose, doctor, that in all cases of sudden death the heart is the last organ to act?

A. Not in all cases—yes; it must be in all cases.

Q. The first to live, and the last to die?

A. Yes, sir.

Q. Therefore this pumping went on after death had virtually ceased—that is after animated nature had ceased?

A. Yes, sir; you see in executions they put the ear to the heart long after the hanging; and the heart continues to beat, though faintly, I think some five minutes.

525 Q. Are there any cases where death takes place in a sudden manner, but what it can be traced to one of these three organs, lungs, brain or heart?

A. I think not; I think they are the only ones; one, or the other, or more of them; or two, for instance; we have a combination of the two.

Q. Those, I believe, are designated in medical jurisprudence, as being the tripod of life.

A. Yes, sir; they are the tripod of life.

Q. Supposing you have a case whereby the nervous system becomes depressed from any poison that lowers the vital forces, would you find a condition as discovered by the *post mortem*, similar to this?

A. Simply lowered by that?

526 Q. Yes, sir.

A. I should say not.

Q. Lowered to the extent of approaching death, then?

A. You mean sudden lowering—

Q. Yes sir.

A. I should think not, sir.

Q. Supposing a man should die from the effects of a sedative?

A. I think, in that case, you would find the right side of the heart full; I think so, sir; that is my impression; I have not looked it over carefully in that respect.

Q. Have you ever read or noted any cases where
527 persons have died from the effects of a sedative upon the nervous system and arterial?

A. I have made a good many post mortem where they died from opium, belladonna, aconite, strychnine, &c.; I have performed a great many experiments on animals in reference to this point.

Q. (To Dr. Burr.) It was said in this examination of Dr. Burr, that gelseminum was given to the extent of five drops of the fluid extract; how frequent?

Dr. Burr: Three times a day.

By the Coroner:

Q. Would you regard that as a large dose of that extract?

A. No, I don't think I should; if you will pardon me, I will say that Dr. Burr made a statement yesterday, that is more important than anything else; that he left the gelseminum in the house, and in the possession of this party. 528

Q. He also noted, though, that he had seen that bottle since, and that it was nearly full?

A. Yes, sir; and that all may be; I assume Colonel Dwight was not a fool.

Q. You would not regard that as a large dose, Doctor?

A. To tell the truth, I am not familiar with gelsemnium; to tell the truth, a great many of our friends are afraid of it; I have been afraid of it myself; I should not think it a large dose; that is a mere impression; of course I depended upon some other nervous sedative, rather than gelseminum. 529

Q. That is required as a nerve remedy?

A. Yes, sir; it is one of our remedies; it is recognized, and I would not regard it as a large dose for perhaps a man of Colonel Dwight's size; he would perhaps require a large dose of almost anything; I noticed one thing in the testimony of Dr. Burr—I think it was Dr. Burr—that those narcotics had no special effect on him, that they did not lessen his pain at all; I think the younger Dr. Burr stated, however, that he hadn't much pain; it was mere sleeplessness.

Q. You account for the lungs not collapsing by the amount of mucus in the bronchial tubes? 530

A. Yes, sir.

Q. Supposing that this man, prior to his death, as Dr. Orton testified to, had a bronchitis; is there a large amount of secretion frequently, as a consequence of that?

A. Yes, sir; and it would be manifest before death; he would be spitting up large quantities, and then the secretion from the bronchi, from inflammatory action is entirely different from that exuded at times when you assume—that is from a body that you know has been destroyed by that form of asphyxia.

Q. In acute inflammation of the mucus membrane,

531 do you get much secretion until that has passed from the acute inflammatory stage to the chronic?

A. No, sir; but then that change does not take place suddenly; the line of demarkation, so far as the fact of the inflammatory action to the other is very indefinite; it is not a sharp line.

Q. Have you ever had any experience with congestive chills?

A. Some, in the harbor of New York; we used to have cases of that description, come in on vessels from Florida and the Southern coast.

Q. Will you describe to this jury any case that you have seen of congestive chills?

A. I don't think I saw them during the stages of
532 chills.

Q. You saw the *post mortem* upon cases that you knew had died from that?

A. Yes, sir; they died from that form of the fever, in which they had exacerbations—what they called when they came into port, the congestive fever of those districts.

Q. What do you understand by a congestive chill?

A. I understand it as an intensified congestion of the lungs, and of the base of the skull; not the skull, I mean, but the brain, not of the medulla oblongata, but the medulla spinalis; it was intense in all those forms, so as to cut off life almost as quickly as the garote.

533 Q. Could that be brought about by a sudden introduction of malaria into the system?

A. If you will explain what you mean by malaria; let me explain my views—

Q. If you will excuse me, I will not state it.

A. If you will allow me, for I have some views in that direction; malaria is intensified or otherwise dependent upon the locality where it is taken; malaria is divided into three kinds really—that which is obtained from the vegetable decomposition, that which comes from the animal decomposition, and that which comes from both combined, and your fevers or your chills will be modified in proportion as to

whether you have the one or the other, or both; 534
now, the ague chills, or the malarial chills of this latitude, especially in the Eastern States, are generally more of a bilious type; they are distinctive in character; they come in first with a regular chill, then you have your fever, and then your sweat, and that is the end of it, and the next day you are better and as well as anybody; you go to your business, and travel around where you are a mind to; I have traveled weeks in just that way; would have my chill one day, and then it would go off; I had half a dozen different attacks, I guess—I mean at intervals—of malarial chills; intermittent; but when you come to talk about malaria—and in the State of New York everybody is sick and has malaria—they used to think it was 535
caused by those exhalations coming up from the ground; now they think it is because they don't get rid of this matter, and it becomes oxidized: but still the patients have no distinctive exacerbations or emissions but all the time have an excited pulse and an increased heat, more or less, at all events at intervals; in the case of Colonel Dwight, from Dr. Burr's notes, I glean the fact that he never had exhilaration of pulse or a particle of increased heat; always the pulse and heat normal.

Q. Is it necessary—supposing reaction does not fully come on—is it necessary there should be an increased heat and pulse?

A. The increased heat is during the fever stage.

Q. Is there always fever after a congestive chill? 536

A. Well, I should assume there would be constantly, because you can't get rid of this excess of blood—I mean this excess of congestion—without fever; I assume it is an absolute impossibility to get rid of it in cases of congestive chill—of course I reason now from analogy, because I have no personal knowledge of the treatment of them in the climates where these chills come on—but in this climate it is no use to talk about these chills, you don't have them.

Q. I ask you on general information and your knowledge personally, and from your general knowledge of the literature on the subject?

537 A. I have taken pains since I was here, to go around to Dr. Burr's and examine a part of the literature he has on the subject, and we got Flint's work, and in none of them do you find a death occurring from that, nor do you anywhere find it in the *post mortem*—I am speaking of a *post mortem*—because they don't die of them; I don't believe a person ever died of a chill—a healthy person.

Q. You don't believe a person ever died in a congestive chill, do you?

A. Mark what I say, I don't believe a person ever died in a congestive chill which was caught here or in Chicago, as you put it yesterday; I mean a healthy person; they may have complications of disease, but
538 take a healthy person, shown to be healthy like Colonel Dwight, both *ante mortem* and *post mortem;* healthy *ante-mortem*, as stated by a great many physicians; now pronounced healthy by the *post mortem* by many—I say, a person absolutely healthy like that—never dies from any ordinary ague chill such as you get from Chicago, because they have not had it at Chicago for many years; in an open plain, like Chicago, you don't get ague, especially where you have gotten rid of all the old grass and have got the place all nicely settled up with people, and as cleanly and healthy as this counity is; you don't get chills any more than you do here.

Q. You have been in the City of Chicago?

539 A. A great many times; I go west about twice a year.

Q. What is the topography of Chicago?

A. It was marshy, but it is elegantly drained now; perhaps it is now the best drained of any city in the country, perhaps the best water; ague chills will not stay in other words, where you have good water, good drainage, and have the air of the lake constantly wafted over you, and driving everything off, which constantly impinges on a side hill there, you have in Chicago a City, where there is nothing to create this malaria; there is no ground around Chicago that is covered with water—that is, I mean

nothing on which there is any vegetable decom- 540
posed matter; and then again, the city is filled up with fresh earth brought from far off all elegantly drained and sewered, and it has the best water in the world.

Q. How much fall do they have to their drains?

A. They have plenty; they have a great abundance of water; they are not sparing of the water, because it costs them nothing scarcely to get t.

Q. How long since you visited Chicago?

A. I have been there within a year; I generally go there about twice a year.

Q. Did you carefully look up all those points when you were there; did you look them up as former health officer, which would be natural?

A. I talked with the best physicians, as they would 541
have the best judgment.

Q. These congestive chills, that you call it in New York, where were they brought from?

A. They were brought from Florida, Texas, and somewheres along down the coast there, where they have this excessive grass and vegetable mould.

Q. I will ask you, if you ever saw any of those patients, whom you said you had seen *post mortems*, upon in the interval of the chill?

A. Yes, sir.

Q. What was their appearance?

A. Well, they had suffered intensely, lost flesh, and were intensely constipated, so much so that when the doctors tried to bore a hole through them with various 542
kinds of medicine they would fail; I told them if they bored a hole with opium they would succeed; they would lessen the spasms and relax the intestines, and they would get well; and all treated for that with camphor and opium got well; all treated otherwise died; but then there was a peculiar fever—they claimed there were cases in which the congestive chill curred; one or two of them died while there; I don't know of but half a dozen; I saw several post mortems

Q. What was their condition when opened, as to the *post mortem* appearance, as near as you can remember?

543 A. Well, there was more or less congestion about the intestinal canal; that is, I mean perhaps not inflammatory congestion, but congestion; more or less congestion about the lungs; there was a congestion about the substance of the brain; the heart in those cases—the right side—was full.

Q. The right side of the heart was full?

A. Yes, sir; these did not die, mark you, of any chill but as the result of fever.

Q. None of them died in the chill?

A. None of them died of the chill; out of the large number I don't think any of them had the chill; that is, I mean to say by what is designated as the congestive chill; what is understood by a congestive
541 chill; I don't think any of them died in that condition and I am inclined to believe that the congestive chills seldom come on but once; I think one congestive chill generally finishes them; they may have more, but if they have more they get feebler and feebler all the time; they wear themselves out.

Q. Do I understand you to say that these men that you have spoken of as having witnessed the *post mortem* on, that they had no chills?

A. I mean to say they had none of what is recognized as the congestive chill; mark, they would have, like anybody, that ague; there would be a slight chill and then a fever, then slight sweats, then continue the fever.

545 Q. I understood you that these persons had congestive chills?

A. They had what they regarded as congestive chills, congestive fevers; that is what I mean to say.

Q. Do you know whether they became insensible or not?

A. I cannot tell you; they would live a number of days after they came there, perhaps live a dozen to fifteen days, but they were very sick people; they could not get up and walk around.

Q. Then none of these had congestive chills that you spoke of—these cases of remittent and intermittent fever?

A. I don't think they had what would be called a typical congestive chill, and I don't believe that anybody ever has it—mark what I mean to say—no one ever has a congestive chill who has been sick with it some length of time—a pure congestive chill; after they have had a congestive chill, or a simulation of one, or anything that would be even an abortive congestive chill, that those grow lighter and lighter, I think you will find all the way through, if you refer to the books, even where they exist. 546

Q. Then really you have never seen a case of congestive chills?

A. I have never seen a case of what is called congestive chills, but I have seen what is called congestive fever, which is said to belong to the same family and the same neighborhood, and what is called in the beginning congestive chill; they probably had it at first, but they were left in a congestive state, and it ran along into fever; assume that a man comes down with a congestive chill like measles, or like scarletina, which is malignant or otherwise; if malignant, it may kill them at the first shot, which is so with congestive chill, which is a typical disease; just like the others, it may be slight or severe; now, then, I assume that when they get a congestive chill down south, they will die or get over it before they get here; that is the point I make; but if one has been here six months, even if they come from the south or southwest, where they do have those diseases, the malaria would be so far eliminated from the body, that they would not get a congestive chill; I don't believe the case is on record, or that anybody knows of a case of congestive chill in the case of any person who lived in a neighborhood where they would have congestive chills, who having been here a few months would have a congestive chill; they might have malaria, but not a congestive chill. 547 548

Q. Do you know whether they have congestive chills in Indiana?

A. Well, I should think they might have anything there—in the southern part of Indiana; if you have

549 ever been there and seen what a God forsaken hole it is, you would not wonder they had anything there; well, you were speaking of that; I would not turn it off thus frivolously; I would say, in the West, where you have so much alluvial material, it would not be surprising that one would get the chill, coming, perhaps, from double pneumonia, or a general congestion of the body; now, I saw any number of patients during 1861, when the soldiers came there, who became congested from lying out of doors, but it was simply from exposure, and if you have ever been in the West, and seen the exposures those people subject themselves to, you would not be surprised at anything they would have in the way of diseases; but I have been
550 sleeping in Colonel Dwight's house, and I find it a very luxurious place; I don't believe I would get a very bad chill there; it is fair to weigh all these circumstances; it is fair to meet this question in a light that it cannot be gainsaid.

Q. In those cases of congestive fever that you saw in the harbor of New York and the *post mortems*, did they reveal anything like a condition that you see here in this *post mortem?*

A. Oh, no; there was a condition there showing that they had been sick some time; it left its marks, the same as you and I, if we go visiting would leave our cards; the disease itself had left its card; here is a man perfectly healthy in every respect—and that
551 the organs showed; three of them congested, and the others absolutely empty, and that the blood, which was in the brain, instead of being hauled off by this pumping process, remained there from some cause or other, and here was another evidence that there must have been some cause to have produced this mucus, this thick, tenacious mucus in the lungs, which was tinged with blood; and we have demonstrated it recently by cutting portions from the inside of these lungs, where no part of the blood could have got to them, and the microscope showed that there was blood in this mucus; Dr. Sherman has mounted several specimens which the jury can look at if they like;

that could not have come, I say, from such causes as you suggest. 552

Q. Malarial poisoning is supposed to have what particular effect upon the system—for instance, the nervous system?

A. I heard you all say yesterday that it was a sedative, and I thought if it was you need not give so much opium; but in the interval of ordinary malarial chill, it has no effect except to weaken the system; during the chill, anybody that has it knows what it is—simply that you feel yourself so intensely chilly that you would like to get into a hot vapor bath and get warm; you will be intensely sick, that is all; then the fever comes on, and you come to the sweating stage, and you feel that you want to sweat, and yet it is unpleasant and exhausting, and after a number of hours you would be thoroughly exhausted on account of this sweating condition; that has been my experience personally. 554

Q. The person laboring under this malarial poisoning—would there be a lowering of the vital powers?

A. I think not; if persons took care of themselves and fed themselves properly; if persons fed them, selves on essence of beef, albuminous products—in other words, that which would go into the system easily—and assuming them to be bilious, as I know I am bilious, and get rid of that bile and take plenty of quinine, that is the end of it.

Q. Did you notice, in making these *post mortems*, whether there was any pathological changes in the spleen? 554

A. I think it is laid down as a principle, and I think there was there, if I remember right, enlarged spleen; I think that is laid down as a general principle; I think there are cases which have existed only a short time, where the spleen does not become particularly enlarged, but when one has been subjected to its influence—soaked in it for months and years—you get enormously large spleens; you see these in the south and west—enormous spleens on the left side.

555 Q. Do you understand congestive chill is the result of saturation of the system with malarial poison?

A. We would assume so from the effect of it.

Q. In that event, suppose that after a congestive chill reaction did not come on enough to produce a fever—do you assume that it is impossible for a person to live?

A. I don't say it is impossible; I don't think it is in accordance with the understanding of the profession, and has not been my experience; I think the profession concede three periods of the chill—first the chill, then the heat, then the sweating stage; whether it comes on once a day or twice a day, or every other day, or how, it matters not how often, the
556 same principle, I think, holds good all the way through.

Q. Then you don't regard malarial poison as a sedative on the nervous system?

A. Well, I do not; so far as myself is concerned, it is not; so far as my experience is concerned, it is not particularly a sedative; it is a depressant upon the system, I would say, and if continued a long time, provided you continue in a malarial district, I have no doubt it would undermine the system, and take a good while to get rid of it; I believe, however, there is possibility of overcoming its effects, and I think young people who go into the west really overcome all the influence of malarial fever, so that they become as healthy as anybody.

557 Q. Now, those congestive fevers or congestive chills —the subject under consideration—what is the condition of the stomach ordinarily?

A. What would be the condition?

Q. Yes; I mean as to the sickness of stomach, perhaps vomiting and all that; would it create anything of that kind?

A. I should say during the first stage you would be likely to get sickness of the stomach; I don't say it follows, but you might get it; of course, there is more or less of the bilious condition; that means something or nothing, you know; any derangement of the system is often called biliousness.

Q. Do you mean to be understood by biliousness, 558
that the bile is not secreted from the blood?

A. We mean to say, simply, that there is a condition of derangement which one must get rid of before they can take food again to any extent; that is there is a deranged condition of the digestive organs, including the liver; precisely what that one is, no one can say.

Q. What is the office of the liver?

A. It is supposed to be to eliminate the bile from the blood, that is to pick up the bile from the blood that is supposed to be used in the process of digestion.

Q. Suppose that is not taken up from the blood by the liver, would there be any manifestation of bile upon the general system? 559

A. Yes, sir; you would have the system entirely becoming yellow—jaundiced, as it is called.

Q. Making a *post mortem* of a person under the circumstances, would you find any staining of bile above the ducts of the liver—the duodenum—the gall bladder?

A. You might, or might not; the normal bile in the gall bladder is not the color; that is, it is not that yellow color that the skin has when they are jaundiced.

Q. Green color?

A. Yes, sir; greenish.

Q. Did you observe the gall bladder in this case under consideration? 560

A. I did.

Q. What was the condition of it?

A. I think it was healthy; that is, I did not handle it; I looked at it the same as I did at the other organs.

Q. What was the condition of the portal veins in the liver?

A. They were congested; the liver was all congested; it weighed over four and three quarter pounds; that is noted I think, as such.

Q. In that condition of the liver, as found in this

561 case, was it capable of performing its functions in the proper way, as to a healthy person?

A. I should say it was before this congestion came on; that congestion would be regarded there as of recent origin.

Q. You regard that congestion as of recent origin?

A. Yes, sir.

Q. And why do you say it is of recent origin?

A. Because if that had existed any length of time you would not have the healthy condition of the system that you had; it would produce sickness—serious sickness; then again the blood was fresh and fluid; cut into, the blood flowed out.

Q. Suppose you have a congested condition of the
562 liver for some time; does it necessarily follow that there should be a structural change of the liver?

A. If there was a congestion so as to interfere with its functions—

Q. For any length of time?

A. For any length of time, because the liver has received all the blood from the intestines, eliminated the bile, &c., and then pushed it on to the right side of the he

Q. What is done with the bile after it is taken up by the liver?

A. It is retained in the gall bladder until the proper time, and then poured out into the duodenum.

Q From there into the bowels?

563 A. Yes, sir; the bowels; it meets, I suppose, the food that goes on down from the stomach.

Q. Doctor, do you remember any of the names of those persons on whom you saw a post-mortem?

A. I do not, sir.

Q. Do you know how many there were?

A. I should think during the whole six years I was there there may have been fifty or more.

Q. Is there any way to procure a copy of the post-mortems that were made; were they kept?

A. That I do not know.

Q. Who made these post mortems?

A. They were made by the then attending physician;

I don't know whether Dr. Walser was there, or who; I am inclined to think that Dr. Bissell--I think when he was there there were some. 564

Q. Is there any way of obtaining the history of those cases, of the notes taken at that time?

A. I don't think there were any notes taken; of course you understand how it is; it is like times of battle; they come in there, a whole sloop load of sick from fever, coming from those swamps bringing lumber, this wood, the same as those gentlemen are using for their pencils there.

Q. I did not know but what they were made by your directions as a matter of history of the port of New York, and in order to aid you in making out a report? 565

A. No; then I cannot see how they would aid you as you say, because they did not die in the condition you see here; they did not die in a chill, but in a fever.

Q. Have you ever read of cases of congestive chill where they have died in a chill?

A. I don't believe there are any recorded; I don't believe there are; I looked over Dr. Burr's books this morning, and there was not even one mentioned as dying; I looked over Dr. Flint's, and he says they are very rare, even in those districts; but I have no doubt if they died suddenly and from a chill--that is a mere supposition on my part - that you would find the general congestion at the base of the skull, and congestion of both lungs; a sort of double pneumonia attacking both lungs and brain at the same time, because they kill in a little time if they kill at all. 566

Q. You are familiar with cases of malarial poison?

A. I think I am somewhat so.

A. Tell this jury, if you please, what has been your manner of treatment in those cases?

A. I should give one like myself--a good strong fellow with indentations in my neck, as described by your undertaker yesterday—he was going to find, by the way, those big indentations in my neck; I wish you would send for him to find them; I say I should

567 give a healthy person, especially one of those sick at the stomach, I should give them a good dose of calomel or blue mass—a blue mass pill—and then follow it with some other laxative, and then follow that with quinine.

Q. Suppose they would not retain the quinine, what would you do?

A. I would put it in the other end.

Q. You would insist upon using quinine in some form?

A. Yes, sir.

Q. What do you think of the treatment by Fowler's solution?

568 A. In an acute case like that?

Q. Yes.

A. I don't think well of it; I am free to say that I don't think well of it.

Q. Isn't Fowler's solution a common thing to be used in malarial fevers?

A. Oh, yes; it is a matter of judgment; I don't pass any remarks; it is simply a thing I would not do; I would simply say, it is a received treatment, so that I would not wish to reflect upon anybody, because I have the greatest respect for Dr. Burr's talent and his judgment, and should not hesitate to have him treat me to-morrow for anything but a congestive chill.

Q. I don't know what effect that could have upon
569 you if he has not had one; you have not had any testimony as to it?

A. We will say, assume so.

Q. You say those severe cases of malarial poison that you saw in the port of New York came from Florida—from the South?

A. Yes, sir; there are a great many ports along the coast where they get this red cedar.

Q. But your impression was that a great part of this malarial poison had expended itself before it came here?

A. I think it always does; I don't think that one comes up North from those malarial districts with malarial poisoning; I don't say it is not possible, but

I don't think they ever do; I don't think they ever 570
have; I know Dr. Flint has suggested some cases which he saw in Bellevue Hospital, but what their nature was I don't know; but they were brought in probably from the South—sailors—were put in Bellevue, and you can say, generally, that in coming up on sailing vessels, the malaria would be gone before they got up here, but the fever would continue; they call it malarial fever, congestive fever, swamp fever, and all sorts of names, down there.

Q. Did I understand you to say that malarial fever would come from decomposition of animal matter?

A. Yes, sir.

Q. Another from decomposition of vegetable matter? 571

A. Yes, sir; and a third, from the decomposition of both conjoined, such as you will find in your sewers everywhere.

Q. Suppose a person living in a district where the soil was of a loose nature—gravelly—would you expect to find it there?

A. No, sir.

Q. Do you find those malarious fevers in a season of drouth or excessive moisture?

A. Usually drouth, but the reverse sometimes occurs; for instance, in Kansas, for the past two years the seasons have been excessively wet, and they have never had so much fever as the past two years; with 572
five or six years of drouth everything was dried up; there were no exhalations at all; then came these wet seasons, softened up everything, and the exhalations were fearful; they were wet, hot seasons; but you take a wet season—I mean a dry season following several years of wet—and then you will get malaria again; just reverse the picture, and you will get the same thing; different causes produce the same effect.

Q. In those cases of congestive fever that you saw, was there pretty strong febrile action?

A. There was, for persons weak; they staggered around like one drunk, and, as I say to you, they were excessively constipated, with increased heat and increased circulation, and decreased strength.

573 Q. Was there a decreased force of the pulse?

A. I cannot say that; I think there must have been, but I cannot say positively; there must have been.

Q. Was the temperature increased in those persons that you saw?

A. Yes, sir.

Q. To what an extent, about?

A. I don't think in those times we generally used the thermometer; I don't think the temperature was so much regarded.

Q. Was there much thirst in those cases?

A. Yes, sir, always.

Q. And they drank largely, did they not, and ejected the water or whatever they drank?

574 A. I don't think they vomited a great deal excepting they had a surplusage on the stomach, more than they could dispose of, but they had no disposition for food; it was mostly drink, and cold water was the thing they most coveted; you know that is natural in a case of any fever; I don't think the fever differs much from any other.

Q. When you saw those persons were they emaciated, how much flesh did they have?

A. I think they were somewhat emaciated, but I think I account for that by their coming on sailing vessels—sometimes detained long at sea, and they don't get much fresh fish, vegetables or soup, that they need; persons in that condition need fresh broth of many kinds, need

575 milk, and lots of nice things, that we get home here, that they would not get there.

Q. Had more or less headache, I suppose?

A. That I don't remember now.

Q. Do you know anything about the condition of the skin of those persons?

A. It was dry and hot.

Q. Pale or flushed?

A. So far as I remember now, they were moderately pale.

Q. Did you notice any congestion of the eyes?

A. No; I don't know that I did; I would not say that there was none.

Q. Was there any yellowness of the white of the eye? 576

A. I think in some of them there was more or less yellowness throughout; more of a waxy color.

Q. Supposing, Doctor, that there would be some forces brought to bear upon the secretions of the liver, whereby the bile was not taken up from the blood, and they should die in just that shape or condition, what would be the pathological changes that you might see or the physiological changes on the organs; what would you expect to find in a *post mortem* examation?

A. Where they died just at the juncture of this stage?

Q. Yes.

A. I don't think you would find any change: none perceptible to the eye. 577

Q. Either in the cavity of the heart, the condition of the blood, in the lungs, or the brain?

A. No; not simply from this change; if there were physical changes, or if there was any special cause for death, the change would come from the cause and not from that.

Q. Is there any cases of death that you have seen, that are so obscure that it is impossible to account for the death in the *post mortem* examination; I don't mean to say, Doctor, that there should be a structural change, but is not this true, that a person dying suddenly, or dying at all, that the lungs, the heart, or the brain will show some physiological change, to account for death, even though there may not be a structural change? 578

A. Were you to find a condition like that I think you would assume there must be some cause, and trace it to that cause, whatever it was.

Q. Either one of those three?

A. Either the lungs, the heart or the brain; there must be some known change in one or the other or all.

Q. Of course there could be a mixed condition, where they could all be more or less involved?

579 A. I don't believe you get a mixture of all, because the heart must act last; you might get a mixture of two; now, in the death of Mr. Hadley the other day—it was a very curious case; for instance, he was a week in dying; I said to them, "You will find this heart absolutely empty, but you will find clots in it that are organized; no blood;" and it was absolutely true; we knew it from just the way he died, because we had watched him, analyzed the case carefully, and in the left cavity of the heart the fibrine was absolutely clear from all coloring matter, and was coagulated and was attached so that you had to peel it off from the linings of the heart; he was a week in dying, but his heart acted after he had ceased to breathe, or
580 after he had ceased to be conscious—after both of them; in that case, you know, when we come there we find Mr. Hadley dead; suppose we had known nothing about it; that we would have made that *post mortem*, and I should have unhesitatingly said, "This man has lived some length of time after he has been diseased; there is diseased action going on here;" in other words, he has been some days in dying; that is inevitable, because he connot die and leave that condition unless he has been some days in dying; now, you take the other picture where they die suddenly, and you will find the heart filled with dark clots, and then a little less dark, and so on; now, you take that one: there is no clot; here is this grumous blood that
581 is half clotted; you could not complete the blood from blood that was loaded down with carbonic acid gas, so that you would get almost always, if you study this case, if you study death as you do life—and physicians do not because they have no material; don't make *post mortems* enough; I say they cannot do it, but you notice now, in this last work of Taylor, there are a good many things which he did not put in the first book; when I was in London I spent two days with him running over that subject of the blood, because it is one of the most important subjects; how it is lost and why it is lost, and what inference is to be drawn from it.

Q. If a person dies suddenly from the lungs, what causes death—asphyxia for instance; what is the cause of death? 582

A. He dies because he cannot get any more air, and the blood cannot be aerated, cannot be renewed or oxydized; just like this room; you shut it up closely and we would soon have a "black hole" here, in a little while and all die.

Q. Do you call that poisoning?

A. That is a form of poisoning; it is a poisoning; carbonic acid gas is a poison.

Q. In what way?

A. It excludes the oxygen; it excludes the renewal of the blood, and in itself is a source of poisoning.

Q. Does that have a tendency to paralyze the action of the brain, so that insensibility and cessation of life comes on? 583

A. Yes, sir; it devitalizes the blood; it acts on the brain so as to produce more or less congestion there and paralyzes, as you say.

Q. Now, in paralyzing the brain, is it necessary that the spinal cord should be paralyzed at the same time, that is insensibility and motion gone?

A. Well; if you paralyze the brain, the spinal cord goes with it because it is like Seller's dog, the tail is not bigger than the dog, and so the dog wags the tail; and the spinal cord don't wag the brain, but the brain does wag the spinal cord; now if you paralyze one portion of the nervous system you paralyze all.

Q. Suppose the person becomes insensible from that cause; of course it would more or less paralyze the man, would it? 584

A. Well, it measurably at first paralyzes everything, then gradually creeps on until the whole system is paralyzed; paralysis comes from the brain, as it always does.

Q. Is it not the case that coma comes on sometimes as the result of that paralysis?

A. Yes, as the result of that poisoning.

Q. Do not people lie several days in a condition of insensibility, and still take food?

585 A. Yes, sir, some; they may be insensible and not be paralyzed.

Q. Well, we use that term merely to approximate the fact?

A. Yes, sir.

Q. Now, in a condition similar to that, what would be the manifestations upon the eye; would you get contraction or dilatation of the pupil?

A. Well, I don't know as I could tell you now about that; I presume at first you might have contraction, but subsequently, when it became intense, you would have dilatation.

Q. There are clots of blood in the brain of the deceased here in this post mortem?

586 A. In the membrane.

Q. How do you account for it?

A. I would account for it first—they are ecchymose spots; they are coagulated blood spots—pressure upon the blood forcing the blood up at that point; this is an arrest of circulation temporarily at some point or some portions of it, and in other points where the blood could it pushed forward with great force.

Q. So that it was forced through there?

A. Of course there was a blood vessel ruptured at that point, but it is evident that it was ruptured before death, else it would not coagulate.

Q. Was there enough of that fluid of the blood on the membrane of the brain to produce compression?

A. Oh, no, sir.

587 Q. Was there enough to produce any sensible effect on the vital forces of the brain?

A. No, sir; I regard it only as suggestive of the force that had been applied as being in keeping with what had been spoken of.

Q. But that was not the cause of death, or of arrest of the vital powers, but the effect of the clock work being pushed on?

A. Yes, sir.

Q. This heavy indentation in the neck of Colonel Dwight—how do you account for that?

A. I think it is done with a rope, sir.

Q. Had that been done with a rope would a careful post mortem of the neck over the track of that rope disclose anything—any pathological change or physiological change? 588

A. That would depend on the force applied; you take, for instance, any homicidal strangulation—hanging, as it were—or take cases where it is a criminal execution—body dropping a great distance, and force applied—you might have ecchymosis; but, as a general rule, where it is suicidal—where there is a small amount of force applied—you might not have it; you see by reference to Taylor that the subject is very carefully discussed; and he shows, and others show, that a very small quantity of suicidal cases have an ecchymose line; very few. 589

Q. What was the direction of this line?

A. It commenced just on the right side just about the point of the os-hyoides where it is attached to the thyroid cartilage, and extending upwards and backwards around to the back of the neck at an angle of 45 degrees, as is spoken of on the left; it may be a little more or a little less; on the left side it commenced by the side of the larynx, that is the trachea—I will get at it by and by—that is the thyroid cartilage, and extended upwards and backwards at an angle of 45 degrees around to the back of the neck until it met, or nearly met, the other; that was an indentation at that time that I could put my thumb right in, and was about that size. 590

Q. Did you notice any discoloration of the skin?

A. No; I didn't go near enough to examine it; I called the attention of the gentlemen to it; in fact, nobody doubted it there; I spoke to this gentleman who was on the stand last; he was the only one who came and looked on this, and we stood there and talked together, and I called his attention especially to it, and he looked at it very carefully, but it was noted as such at the time: of course, assuming it to be a cord, you would not look for anything like a depression over the larynx any way, because it may have rested between the os-hyoides and the thyroid cartilage, or may have rested across one or both of them.

5 1 Q. A change in the structure over this supposed cord and the change in the pathological condition of the man depended upon the length of time this person lived and the amount of force employed?

A. The amount of force at the time of living or the continuance, I believe don't change the issue.

Q. You mean to be understood that if there was severe force there would be a rupture of some of the vessels, or might produce a mark?

A. Yes, sir.

Q. Or a mark is produced by a rupture of the little vessels?

A. Not necessarily; now, that is a fatty neck, and the mark would be made here in the fat.

592 Q. Do you consider or do you not that that mark could have been made by that chin support put on by the undertaker?

A. The one he showed yesterday?

Q. Yes.

A. No, sir.

Q. Could it have been put on in the direction of this indentation that you speak of; could it have been put on in such a way that it would have gone in the direction of this line that you speak of?

A. You mean for the holding up of the chin?

Q. Yes.

A. No, sir; because it would go under the chin and over the head; this commenced and went round the neck like that at an angle of 45 degrees.

593 Q. Was there any line in the direction up and down near the corner of the jaw?

A. No, sir.

Q. None in the direction of the sterno-cleido mastoid; this neck was a fleshy neck, was it?

A. A fat neck and fleshy, too.

Q. Supposing that there was a cord put on there, and immediately after death that was removed, would the warmth of the body replace that groove and space; would there be enough vital force to smooth down the space?

A. No, sir; you remember the old expression of it "It's the devil's mark," isn't it; I forget just what it is.

Q. I desire to get at just exactly the truth of the matter, hit or miss; now, supposing that a person dies and there is a cord put on to the neck or any other place, and directly after that it should be put upon ice, would that make that crease more prominent or not? 594

A. I don't think it would change the condition of things at all.

Q. That would have a tendency, would it not, to stiffen the muscles and the skin?

A. I think it would harden all the tissues; harden them in their position.

Q Was it your impression at that post mortem examination that that was the cause, before you made the final examination? 595

A. The cause of his death?

Q. Yes.

A. If you will let me take a little longer time to tell; I thought it was not Dwight's body; I thought it was some devil or other that they had tied a rope around his neck and set up in the coffin, at the time; I mean that is the impression that ran through my brain.

Q. Not having known him you were not clear?

A. Not clear that it was his body, but I was satisfied it was a rope; but when asked this question, and after the cuts were made if I insisted upon so and so, I said I didn't insist upon anything, because I didn't propose to put myself on record any more than these other gentlemen; I was willing to subscribe to the facts discovered, but I was not willing to give an opinion as to this, that, or the other. 596

Q. Then you were satisfied with the *post mortem* as then held?

A. I didn't say that.

Q. I ask you now if you were?

A. I say I was satisfied with the *post mortem*, with the exceptions I have heretofore made.

Q. That is what I mean; now, if that was a cause of death, wouldn't it have been well to have insisted upon an examination of the neck and skin?

597 A. For me to do it?

Q. Well, anybody; I suppose everybody was more or less interested there, because the examination was made, as I supposed, for the purpose of finding out the cause of death?

A. I believe the Coroner was present.

A. I was present; not officially, though.

Q. Neither was I; I believe the Coroner thought just as I did at the time; I believe he expressed himself so the other day—that it was not a natural death.

Q. I expressed this, that I was not satisfied that the *post mortem* revealed the cause of death.

A. And so was I.

Q. Here is a *post mortem* made in the handwriting
598 of Dr. Delafield (handing paper to witness).

A. But these are not the original notes?

Q. No, sir; but they are made in his handwriting; I will ask Dr. Orton.

(Dr. Orton was absent.)

A. I presume this is a copy of the other; if you will permit me, after I get through with the testimony, I will compare it with the other.

Mr. Richards: Why not mark it and put it in evidence? let the stenographer mark it.

Witness: Th se are not the original notes.

599 Q. They are a copy?

A. Yes; but the original notes, as I said, were interlarded in several places, and therefore I would rather you would have them if it is needed, if it is going to be made a point.

Q. In making this *post mortem* examination we understand by you that you were merely a visitor?

A. I don't think you had reason to understand it in that shape at all; I represented Dr. Porter, and Dr. Porter represented the company; now you can put it in just the light you are a mind to.

Q. Well, didn't you feel interested in the *post mortem* examination?

A. Very much, sir, indeed; I think you did; all 600
the gentlemen felt interested, but I think I am almost the only one that made any suggestion; they all seemed to accept what Dr. Delafield said except me, though most of them represented companies, I believe; I came simply as a personal favor to Dr. Porter.

Q. In death from asphyxia, or death at the lung is it ordinarily as sudden a death as from the brain?

A. The lungs alone, no, sir; but the brain becomes secondarily implicated, and a portion of the congestion goes on.

Q. In this mixed condition that you speak of, supposing that a person was visited within a very short time of death what would be the condition of the face as to its being flushed or pale? 601

A. Authors lay it down, and that has been the experience I have had of suicidal destruction where you have the mixed condition, the face is pale, the body pale also.

Q. What would be the expression of the eye; would there be any change in that?

A. I don't know that there would.

Q. Would the pupil be contracted?

A. We assume it would be more or less; it is a mere assumption, however; I don't think it is noted as an important element in the inquiry; it might and might not be; that would depend much upon the congestion about the region of the optic nerve; in this case there was no congestion of the brain tissue, 602
if you remember.

Q. Would there be any convulsive action of the limbs from that cause?

A. It might and might not be; you sometimes see them drawn up partly.

Q. Would there be any different conditions of the hands or arms, than what you might ordinarily find in death from any quiet cause for instance?

A. I don't know; sometimes they are noted as drawn in, and sometimes not; it denotes slight spasmodic action.

Q. In death from a cause similar to this of which

603 you have been talking, how long after would there be stiffening of the body?

A. That depends upon circumstances; if one was put into the ice immediately rigor mortis might be delayed or hastened, I don't know which; chilling of the body would come on moderately slow; rigor mortis would come on moderately slow; I think it is deferred where you have the system filled with carbonic acid gas.

Q. Generally persons who die in good flesh from violent causes, this condition comes on very soon, much sooner than from any wasting disease?

A. Yes; because in the Hadley case there was no rigor mortis until some days afterwards; I speak of
604 him because it is a recent case that has just occurred.

Q. Did you notice any congestion about the vessels of the neck?

A. No, sir; I don't think there was; there was none in the veins; I think when the neck was opened little or no blood flowed out.

Q. In this crease that you speak of——

A. (Interrupting.) I beg your pardon, I did not speak of it as a crease.

Q. Well, this mark that you found upon the neck; was the edges elevated?

A. I spoke of it as a heavy indentation, and as being depressed below the skin, to the extent about like my thumb; perhaps half around, and one-
605 half to three-fourths inches deep, and about the width of my thumb.

Q. Were there well defined edges to that?

A. As well as you would expect in tissue of that kind.

Q. Was the edges elevated any?

A. I think not.

Q. Neither above nor below?

A. No, I think not; I did not so note; it was noted, and I think that was correct, as a deep indentation—and to that there was no demur entered by anybody—taking the direction as stated in that *post mortem*.

Q. You were present at the re-examination of the body?

A. I was. 606

Q. Did you recognize that as being the body that was opened at the Spaulding House at the former examination?

A. I did; yes, sir.

Q. You were present pretty much all of the time on this?

A. Yes, sir, I may say I was all the time; I may have stepped out for a second or two; I was not ten rods away.

Q. Was this heavy indentation that you speak of still prominent upon this corpse?

A. Yes, sir; not quite as prominent as before; the larynx and trachea had been removed, and, of course, it was not as prominent; but still it is prominent 607 now.

Q. What condition was the body in as to being decomposed?

A. There is a great deal of decomposition; incipient decomposition has gone on almost everywhere in the body; the lungs were reduced from over four pounds to about a pound—that is, by this exudation; I speak of it because Dr. Delafield recognized, in his report, the fluid found in the chest as the result of a feeble heart, which is not true; I remember I got caught in the same scrape once myself, and wrote to a famous medical, legal gentleman in Europe, and he very curtly answered, that we ought to learn here that there were exudations from the lungs after death, and especially after they were abnormally full; and I then 608 took the pains to go to dead-houses, and took a hundred bodies, dead and drowned, and which had died in various ways from asphyxia, and and I would find sometimes from a pint to three or four quarts of fluid in the chest; and whereas I would take others that had died from hemorrhage, cutting of the artery, and there would be no exudation; I speak of it to show that exudation had gone on from the time of the first *post-mortem* examination to this time, showing that the lungs weighed fully a pound, which showed that the whole of that fluid in the lungs—over three pounds of

609 fluid in the lungs that was not in now—had gone out by what we call exosmosis—that is, straining out or dropping out; I found one-half kidney remaining that was perfectly sound, and retained its characteristic congested condition; I found the heart almost as sound—not sound, but remarkably sound for the time that had elapsed—as ever; I found the brain all gone, that is, all pulp; the omentum was perfect, that is the fatty part, that you know never decays; the portion of the liver that was there was in almost perfect condition; there was very slight change in it; I believe that is all that I remember now of the changes that took place.

Q. There was an examination of the spinal cord,
610 was there not?

A. Yes, sir; well, that had broken down; that had all decayed—that is, the cord itself—and of course the dura mater of the cord was still sound.

Q. Was there any light upon this case thrown by the examination of the spinal cord?

A. No, sir; excepting that we found there was no effusion along the spinal cord; I believe that was suggested by some of you gentlemen here that there was no effusion along the cord, and that might have been the cause of death; but we ascertained that that was not the case.

Q. Was there any evidence of the cord being ecchymosed?

611 A. You mean the spinal cord?

Q. Yes, sir.

A. No, sir; as I say, there was no effusion.

Q. Was this body measured?

A. Yes, sir.

Q. Do you remember the dimensions?

A. Six feet two inches, lacking one-eighth of an inch.

Q. Was it the body of a large man, apparently?

A. We weighed him and he weighed 177 pounds, I think.

Q. Was he measured about the chest?

A. I think not.

Q. There was a plaster cast taken, was there not, of the neck? 612

A. An impression only; it was not good; it did not bring out the posterior parts; it brought out nothing; we did not turn him on his face as I wished to, because pushing up everything below you just destroyed it and the heat of the plaster accelerated that very much.

Q. This recent examination was to your perfect satisfaction, so far as the examination could disclose anything?

A. At this date. We removed a portion of the lungs as I have stated to you, and the contents inside of one of these bronchial tubes, which was far in the lung; we also examined the leg to see if the bone had been 613 splintered; because it was asserted that Colonel Dwight had proved up or in the War Department, had made a statement that the bone of his thigh was splintered at the place where this little mark which was alleged by Dr. Burr to have been a bullet hole is, and which I did not know anything about; we felt down—at least Dr. Burr did—down to the bone, or cut down to the bone and examined the whole length of the bone, and all conceded that it was a perfectly sound bone; so far as we could discover, there had never been any injury done to it.

Q. In the *post mortem* examination at the Spaulding House, do you remember whether there was any measurements made there?

614

A. I think there was not.

Q. What sized man was this that you examined at the Spaulding House, or was present at the examination of; was he a large or a small man?

A. Oh, a large man.

Q. In the neighborhood of six feet, should you think?

A. I should think he was.

Q. More?

A. I should think he would weigh what the *post mortem* says he did there—200 pounds; I should judge so; it would be guess work, but I should suppose he would weigh that.

615 Q. What conclusions would you come to as to his age, from seeing him at the Spaulding House?

A. I should think the notes were correct in that respect—41 years.

Q. About the age according to the appearance of it?

A. I should think so; I should have said he was from 40 to 45, from looking at him.

Q. Was this a well preserved man that was examined at the Spaulding House?

A. Yes, sir; I should have regarded him as a man in perfect health, to look at him externally, as was proved on the *post mortem* to have been the case.

Q. Do you remember the color of his eyes?

616 A. No, sir; the color of his hair, eyes, or whiskers, was not noted.

Q. Do you remember what they were?

A. They were not noted, and were not examined, so far as I remember.

Q. Did you notice anything about the teeth?

A. No, sir; his teeth were not examined very much.

Q. We shall not get through with you, so I guess we will adjourn until two o'clock.

A. I am at your service at any time; I came here for that purpose.

Recess taken until 2 P. M.

617

AFTERNOON SESSION, April 25th, 1879.

Dr. Swinburne's examination resumed.

The Coroner: Gentlemen of the jury, you can take the witness.

By Dr. Bassett:

Q. I want to ask you a few more questions about malaria; my question will be this to begin with—a supposition: you take a strong, healthy man, let him

go from this climate down to the valleys of the rivers 618
—the low rivers in Ohio—or into the southern portion of Illinois, there—anywhere there in that portion of the country—be there a few months—might he not become so poisoned with malaria, and not make any exhibition of it while he was there for two or three months before, perhaps; then come here to this climate, take cold, and have a congestive chill?

A. What months will you designate?

Q. Well, we will take the months of fall and summer?

A. Do you mean he would have a congestive chill after returning?

Q. Yes, sir; that is it might be excited by cold?

A. So as to produce a congestive chill, five or six 619
months after returning?

Q. Yes; as much as that; three, four, or five months?

A. I should say not, sir; he might have a chill, but not a congestive chill.

Q. You say he would not have a congestive chill?

A. I think not, sir; I have never known of a case, nor have I ever heard of a case of that description; of course the season at which a person is exposed would be controlling materially as to whether he would get any form of malaria at all.

Q. You have heard of cases—for instance, on the Miami river, and those low rivers—and have heard of a man going there and getting a congestive chill soon? 620

A. While there; oh, yes.

Q. Might not that occur in certain individuals—might it not lie latent in the system until the return to this climate?

A. I thinknot, for the reason that it continually eliminates while you are not supplying; just on the same principle, if a man takes food to-day, but if he don't keep eating, he would not keep so much flesh; the food, for instance, to-day, furnishes a certain amount of flesh; that does not lie latent; in the one, you would have, as I said before, a mild form of ague, whereas if he would stay there and keep in this poi-

62 son, he might then have a congestive chill, the poison being constantly supplied.

Q. We will say, he returned in a few weeks after he was there, what then?

A. Well, I have never known a case; I would not say it is impossible; I should regard it as probable; in the first place we know this much, that the malarial chill is a remarkable occurrence, if we don't confound the chills which induce or follow pneumonia, or any of those difficulties of that kind; you know in your practice you have plenty of cases of colds, with plenty of chills following; those are perhaps not distinctly ague chills; nor is a pure congestive chill an ague chill; as I understand it now; in the one
622 you may have—for instance in double pneumonia or, chill inducing double pneumonia, you may have death before pneumonia occurs; that is, I presume all of you have seen lungs so filled up with blood, that death takes place before inflammation could possibly supervene; if that congestion is confined to one lung, then of course they would recover.

Q. Then, I understand you to say, they might have a chill, but not what might be denominated a congestive chill?

A. That is the view I would take of it.

Q. The chill he would first have, then you would assume fever would follow, with the sweating stage?

A. Yes, sir; it would be distinctly an ague chill.

Q. Now, sir; you are acquainted with the literature,
623 of course, of malaria; you recognize the fact of congestive chill, or chills returning once in seven days?

A. Do. I recognize the circumstance?

Q. Yes, sir.

A. Oh! there are cases reported; I was looking at it in Dr. Burr's office this morning; I think they are rare; I have never seen, or heard of one personally; but I think they are reported in the books; in fact there were some; I don't remember what work it was, showing it; some good authority.

Q. Now, if a man has a congestive chill, what would be the consequence following it?

A. Well, if they should not have died, it would 624
leave them sick some days; an intense congestion would follow it.

Q. Would any fever?

A. It would be necessary; a fever would necessarily follow it.

Q. You think it would?

A. Yes, sir.

Q. Would a sweating stage follow it, necessarily?

A. I don't think it would; I regard a congestive chill just as I regard one of these congestive cases that produce pneumonia, with about the same results; for instance, in your congestion to produce pneumonia would pass off before inflammation follows, your patient would be sick for some days, and still not 625
have inflammation.

Q. Now, following a congestive chill, if the person dies, what pathological appearance would you find in the system?

A. I think you would find all the organs full—heart, lungs, and all of them, but not abnormally full; you would find them all full; you would find congestion about the base of the brain; I think you would find the lungs, perhaps, abnormal.

Q. You would find them congested?

A. I think you would.

Q. To quite an extent?

A. Yes, sir.

Q. Would you find the liver in that condition? 626

A. You would find the liver full; probably would find it full; I presume that in a congestive chill, just as in every other chill, the blood is all driven from the circumference to the centre, and then it would necessarily leave all the organs full.

Q. The system would be full?

A. Yes, sir; I don't see how it could be otherwise than that; it would all be full, because the blood would certainly leave.

Q. Now, in a case of congestive chill, and the person dies, or is dying, you sit and watch him—what would be the character of the pulse and the heart during this time?

627 A. Enfeebled, I should say, very much.

Q. Enfeebled by this depressing agency?

A. Yes, sir; and by the congestion of the blood, and the arrest of the circulation—two causes.

Q. What effect would be produced on the breathing?

A. The breathing would be materially interfered with; that is, so long as the lungs are congested you can't have that amount of blood necessary to give you the oxygen requisite for the system, nor can the lungs throw off the carbonic acid gas from the system.

Q. Now, in that case which you speak of, which would be the last organ to cease its action?

A. The heart.

628 Q. Well, now, in the heart action in propelling the blood into the lungs—constantly propelling it into the lungs—would it get out as much as it would in ordinary cases of death?

A. Would the heart empty itself as much?

Q. Would the lungs be relieved from this constant pumping of blood into it?

A. No; probably not; probably in a condition like that all the organs would cease to act simultaneously, because it would have such a general congestion; I presume the lungs could not eliminate carbonic acid gas, or the effete matter, and it would remain more or less in the system, that it would produce symptoms of poisoning like—

629 Q. That was what I was coming at?

A. So that it would disturb the brain as well as the heart.

Q. So that you think in a case of that kind the lungs could not be carbonized, as if the lungs had free action?

A. Oh, no; not so full; it could not be.

Q. In that case would you find the cavities of the heart full or empty?

A. Full, I think; I think you would find them both full; that is, normally full; I don't think they would be excessively full.

Q. Do you think the right would be more full than the other?

A. It probably would ; I should think it would, the 630
left sending the arterial blood, or if it was all venous blood the chances are the left would be as full as the right.

Q. In that case, would the blood, both venous and arterial, be in that grumous state you spoke of or not ?

A. I presume that the same conditions would exist —that is, the conditions similar to asphyxia with regard to the blood not coagulating readily, and you might, therefore, have some of the grumous nature possibly ; if so it would be from the same cause as the other.

Q. It would be so from the oxydization ?

A. It would be from the same cause as the other, I 631
think ; I should think that there could be no question about malarial chills—about the condition of the left ; I believe all the organs would be congested ; all of them emphatically, and I have no doubt that both sides of the heart, discussing the subject from a scientific point of view, would be full ; I have no doubt there would be a very little blood in the extremities and the quantity of blood in a person, say weighing two hundred pounds, would be over thirty pounds at least ; drive that all into the abdominal and thorassic cavity in the brain—I mean all ; measurably all—and you would have a large amount of blood, so that it must necessarily flood all the organs.

Q. In that case, would the blood be in the same 632
condition that it would from death from almost any other causes ; we will say continued fever, or something of that kind ?

A. No ; I should say not ; because in a congestive chill it is assumable a person is in measurable health when it comes on, and that the blood, therefore, is healthy ; in the fever it is not presumed to be quite healthy : in a continued fever.

Q. Do you assume that the blood is poison—the whole of it—throughout the whole of it ?

A. In malaria ?

Q. Yes, sir.

633 A. I don't know as I could tell you, how malaria exists in the system ; I don't know as anybody can tell you ; it is not a very well settled thing : I know I get very little, while at the least exposure with my stomach out of order, I have from one to a dozen chills, depending on how rapidly I fight it.

Q. Do you believe that indentation, or that groove, whatever you may term it, in the neck was produced by a cord being drawn tightly around it ?

A. I don't know of anything else that could produce it ; I know of nothing else that could produce that mark, but a cord or a fillet or something of that kind.

Q. Would it be possible, in the nature of things, for
634 the person applying it to draw that sufficiently tight to produce death ?

A. The weight of the body would produce it.

Q. When the body is lying bolstered up or lying in bed ?

A. That would be hardly presumable ; if a man is going to commit suicide, he would not put the rope, or whatever it was, on, and not put some weight on it ; I have examined that room very carefully, and there is no reason why it could not be done right at the head of that bed—right in bed ; in the great majority of cases of suicide the body is hanging partly or wholly on the floor, many clear on the floor, with just the head up a little ways.

635 Q. Have you ever seen cases of strangulation when the person turned on to his face ; lying there when found ?

A. Suffocation, you would call it ?

Q. Yes, sir.

A. I have not ; but I have seen them where they have laid on the back, and manual suffocation was produced and there were no marks externally ; I have the record of another case, where a young man suffocated his wife in bed, and the coroner's jury decided it was death from heart disease ; on his death bed he confessed that he had done it by placing a pillow over her face and that smothered her to death ; I suppose

that any form—so far as the appearance is concerned 636
—that any form of asphyxia which permitted of free ingress of air; I mean measurably free; I mean some ingress of air in to the lungs—you would have there the heart empty; you would have that mixed condition that Dr. Taylor speaks of there, seventy-three per cent. of all the hangings we have; that is that you have this mixed condition in which both sides of the heart are empty; seventy-three per cent., at all events, of the deaths from strangulation by the rope—judicial murders, or judicial executions and suicides—seventy-three per cent., I think, or thereabouts, have this mixed condition of things—that is, the empty heart and the congested organs; and you remember I read to you this 637
morning that out of 143 cases 140 were of the mixed condition; that is, with the rope on or above the larynx; now, how far I would be warranted in saying what other forms of asphyxia leave this mixed condition, I don't know; I have no doubt there are other forms of asphyxia.

Q. Will you inform us your idea how this might have been brought about, that you speak of; that there might have been a weight attached to the cord, or something of that kind?

A. No; I should think at least in these circumstances here, that we speak of, it would be easy for Dwight, if he contemplated self-destruction, to take a cord, put it around his neck, and hang it upon any of 638
the arms of that bedstead as it is now; it is a high one, with several knobs hanging out on which you could loop a cord and not put more than fifty pounds pressure upon it, hanging a man right in bed; raise him three inches, in which he was described as being found yesterday—raising three inches higher than that he would be hung.

Q. But it would be impossible for him to remove that cord afterwards.

A. That is for you to say; that is the province of the jury—assuming that he was dead.

Q. Now, Dr. Swinburne, if he had been strangled

639 with the cord, what appearances would there have been about the neck—about the cellular tissues?

A. If I am permitted to read from Taylor, I believe that is the experience of all; he takes those reports from the French authors.

Q. I want your idea?

A. My idea has been, and my experience, where I have seen them, has been, that the face was pale; the face and body were pale; that where you have a heavy indentation that does not disappear, that at the same time there is very little, if any, ecchymosis with a slight pressure; you will have in a fleshy neck like Dwight's the fat indented, perhaps pushed aside; crowded down or pushed aside, and with very slight disturb-
640 ance of the muscular tissue; you can very well understand how that would be, if you put a fillet around a fleshy arm, and suspend to that a fifty pounds weight, or a seventy-five pounds weight, you would find you have no serious disturbance of the tissue inside; you would have no ecchymosis; it is possible you might have; there are cases where it does exist, but the numbers are very small where youfind it compared with the numbers whereyou don't find it.

Q. In case of a partial ingress of air, would the face be pale?

A. Yes, sir; in these cases of suffocation I spoke of —manual suffocation—they were both excessively pale, and that led the jury to suppose, as they did suppose
641 then, that when persons died of manual suffocation they must necessarily be livid, tongue protrude, and all sorts of horrible things.

Q. Is not that the rule, as a general thing?

A. It is in hanging.

Q. In strangulation?

A. Yes, sir; in strangulation, but I would like you to be particular as to the distinction between strangulation and homicidal hanging, and at the same time the other form, which is more important than that, —suicidal hanging—now pardon me; in strangulation, and hanging particularly, there is always great violence done to the body—I say always more or less;

in manual strangulation by the rope, the rope is gene- 642
rally placed below the larynx, and over the windpipe where the air is cut off almost instantly, and death takes place almost instantly.

Q. Is there not generally a difference in the obliquity of the mark of the cord around the neck?

A. The obliquity almost always exists in suicidal hanging, whereas in strangulation it is almost at right angles with the neck.

Q. Now, in that case—a case of strangulation, that is, suicide by strangulation—what effect would be produced upon the lungs?

A. Just what you found here, provided the cord, as I say to you, was above the trachæ.

Q. You were there at the autopsy; what was the 643
condition of the lungs?

A. They were heavily congested; they were œdematous; would not collapse; the bronchial tubes and trachæ were congested with thick, tenacious mucus; bloody; blood clinging to it very closely; a large quantity of it; the lungs weighing over four pounds; that is three pounds twelve ounces, and then there was eight ounces of fluid in the two cavities of the chest—two cavities that were guessed at, as it were, not measured; eight ounces, which would bring the weight of the lungs up to four pounds and four ounces.

Q. Would you find any abnormal appearance on the exterior portion of the lungs?

A. Not necessarily.

644

Q. Don't you sometimes?

A. Yes, sir; I say sometimes, but not necessarily; sometimes you find it, sometimes not.

Q. Don't you, generally?

A. I think you do in hanging.

Q. And not in strangulation?

A No; I don't think it was strangulation you were talking about; I think it was suicidal hanging; in suicidal hanging or suffocation, so to speak, it is so, but strangulation in the medical works is regarded as manual strangulation, and that presents different appearances because the manipulation is generally differ-

645 ent; in suicidal hanging, if you remember, in 140 cases out of 143 the cord was either on the larynx or above it.

Q. There are cases reported, are there not, of self-strangulation?

A. Yes, sir; where there is supposed to be self-strangulation; for instance, you speak of a case where a man might lie on his face; I would not say a man might not strangle himself in that way if he wanted to, but it would seem that during the agonies of death he would be very likely to relieve himself.

Q. Could not I place a cord around my neck, and place that cane in and keep twisting until I felt suffocated, and drop right down as soon as I felt it?

646 A. Yes, sir; there are several of that kind of cases on record; I have never seen one.

Q. Then occasionally you would find ecchymosis on the external portion of the lungs?

A. Yes, sir; that is laid down as one of the points you often find.

Q. Would you ever find anything else?

A. Davis described the same peculiar conditions sometimes as existing on the external surface of the lungs that looks almost as if air had been pushed out from the air cells, but I think without great violence that does not come; I think it is more usual in manual strangulation, where, for instance, the victim gets loose from his destroyer, and occasionally gets a little air.

647 Q. Then in a case where there was partial ingress of air the heart would gradually cease, would it not?

A. It would gradually empty itself until it had nothing to act upon.

Q. Would that be the last organ to die?

A. Yes, sir; that is so laid down everywhere as the principle.

Q. During this time I suppose that suffocation was going on, the heart would not propel the blood into the lungs?

A. Yes, sir.

Q. Would there be an egress of that blood as in ordinary cases?

A. There probably would be, so long as the air would continue to be admitted into the lungs, until the brain itself becomes congested; when the brain becomes congested, then it cuts off the rest; in those mixed cases, you know the brain and lungs are both involved. 648

Q. In that case, would the blood become poisoned by carbonic acid gas; that is, in consequence of inadequate oxydization of the blood?

A. Yes, sir; depending upon the time the person lived, and depending upon the continuation of the heart's action.

Q. Then it would be almost parallel with a case of malaria—dying in a chill—the blood would be, would it not? 649

A. I think if one were to die in a malarial chill, from what I have read of it—of course, I have not seen it myself—I don't believe that life is prolonged long enough in those excessive chills, and that air, in other words, is admitted freely, and life is prolonged sufficiently to get up this——

Q. [Interrupting]: Allow me to ask you how long a person lives in one of these congestive chills?

A. I don't know; but you know in that chill, the air continues to come into the lungs constantly; there is no contraction, except in the lung itself; in the other, the contraction is in the windpipe or the vessels of the neck, or in both of them.

Q. I understood you to say in that case, the blood would not be decarbonized? 650

A. Not as fully; not fully; not as completely, because of the congestion.

Q. But there would be a sufficient quantity, would there not, to act upon the blood, as to destroy its coagulatability?

A. That I don't know; I would not like to say that, but I should incline to think not Doctor, because the windpipe is left open constantly; there is nothing to interfere with the access of the air.

Q. Then in a case of strangulation there would be a partial ingress of air there, would there not?

A. In strangulation, what you call suicidal strangu-
651 lation?

Q. Yes, sir?

A. Yes, sir.

Q. Consequently, so far as the decarbonization of the blood is concerned, they would be parallel cases?

A. They would not be exactly parallel, by any means; because in one you have free access of air to the lungs, and in the other you do not have free access of all the blood so long as it is coming in; they cotld not, therefore, be parallel, because in the one you cut off the ingress of air and in the other you do not.

Q. Yes; but it is not wholly cut off.

A. Yes, but it is cut off so that the brain becomes
652 almost immediately congested and in the other it does not; that is, the whole brain, except the base.

Q. What other symptoms would take place, we will say in asphyxia?

A. Asphyxia in general?

Q. Yes, sir.

A. Well, asphyxia as a general term has a somewhat extended range; in asphyxia from hanging you have one form; in asphyxia from drowning you have another form, another state of affairs; and in asphyxia from suicidal hanging you have another kind; in asphyxia as sometimes produced by taking some of these poisonous drugs you have another form, another condition; if you mean by that, what we have been
653 talking of here—suicidal hanging—what other symptom would follow that; of course I don't know anything that would follow, excepting the general course of things, which is simply that the moment the rope goes around the neck, the blood is retained in the brain, and you get very soon congestion there; that reacts upon the lungs, then you get congestion of the lungs and deficient æration or oxygenation; that would go on; the blood would be drawn in from the large vessels and pushed into the lungs and liver and kidneys; but the great mass of blood would be left in the extremities; all the residual blood sinuses of the brain would be left there, that is, I mean the greater

portion of it; when I speak of the brain, I speak of 654
the membrane, so that you would very soon get all these organs congested and the heart empty; the blood then would not coagulate, as I explained to you, because of the carbonic acid gas being carbonized, and for its want of oxygenation; of course you have in almost all these cases more or less mucus in the larynx and trachæ and bronchial tubes, which, as a general thing, is of a more or less frothy character, and may or may not be bloody.

Q. Is it not the case, generally speaking, in all deaths, towards the close that there is more or less secretion going on of mucus in the trachæ; what people would call it when they say that they would be choking?

A. Yes, sir; but I don't think that is tinged with 655
blood, excepting you have hemorrhage from the lungs in some form or other, which operates very quickly in the producing of death; the death rattle, I suppose, is one of the conditions that follow death from the brain and lungs; that is nothing more or less than excess of mucus deposited in the trachæ, larynx and bronchial tubes.

Q. Could you not harmonize the idea of this mucus found in the bronchi, as you speak of, arising from this congestive chill, the congestion of the lungs, or the internal organs?

A. No, because that was of very recent origin; it occurred three ways from what might be termed perfect health; and in this climate I hold it is in my judgment impossible for malarial chill to occur of 656
that extent upon any person who had no more exposure than Colonel Dwight had in Chicago, and it would certainly be preposterous to talk of it in this neighborhood; that is my judgment; I don't mean offensively, but I speak of it as my judgment.

Q. Suppose he had been beyond Chicago—out on the prairies?

A. I don't care where he had been in that western latitude; if he had been down in the southern country, perhaps it would have been different, and in the season of the year—I understand he had been there in the spring, wasn't it?

657 Q. I don't remember.

The Coroner: August.

A. Yes, sir; went there in April; I understand he resided in Chicago; I have a friend who boarded at that same house where he did all the time; my friend has not had malarial fever either.

Q. Do they have malarial fever in Chicago?

A. They do some; but very little as compared with the cities down on the lake—the Ohio cities; I think far more down in Ohio and Indiana than there.

Q. I suppose it was a prevailing disease in Chicago?

A. No, I understand not; the winds of the lake sweeping over it would carry off disease; the drainage
658 is good, and the best water in America; it is a notorious matter with us, that we find malarial difficulties on side hills, more than the tops of hills.

Q. Did they not have congestive chills there some years ago?

A. I don't know that they had congestive chill, but they had ague and fever; that was before the prairie was cleared up of this prairie grass; now it is all covered with natural, or cultivated grasses or grains; there is hardly a blade of grass—prairie grass—in Illinois, and very little alluvial soil; it is nearly all used up.

Q. That is not so in the southern part?

A. I don't know anything about the southern part;
659 I was not down there.

Q. You were there at the first autopsy?

A. Yes, sir.

Q. Did you see the larynx, trachae, and tongue?

A. I did.

Q. What was the condition of those organs?

A. Well, the mucus membrane was inflamed, that is, reddened—congested, I would say—not inflamed; they were congested, reddened, and covered with mucus; the trachae more especially; therefore the larynx was noted as large, but I think the trachae and bronchi apparatus especially so.

Q. What was your opinion at the time that it was there—inflammation?

A. No, it could not have been inflammation, because there had been no time for inflammation, nor had it the appearance of an old inflammation. 660

Q. Just engorged?

A. Yes, sir; engorged and reddened.

Q. Was it very red?

A. It was not red as it was the other day, when we made the re-examination, but it was one of those dark reds.

Q. Was it not different in appearance—its color and appearance—from what you would naturally find in a *post mortem* case of a chill?

A. I should say it was, very emphatically.

Q. What was the difference?

A. I don't think you would get any congestion of that kind from chill at all, of the mucus membrane, because in a chill, as I explained before, you have free access of the air to the lungs and these organs, and you have your blood renewed. 661

Q. You say the internal organs, heart, lungs, liver, all the internal organs, were congested?

A. I didn't say the heart, doctor, pardon me; I said the heart was empty.

Q. Partially so?

A. I say it was wholly empty, with the exception that in each cavity there was an ounce, or a whole ounce in the whole heart, and a little mucus blood; I said a little more than that, that the heart itself—that is its own substance—was almost entirely emptied of blood; it had pumped itself out; that is what I believe I said. 662

Q. Pardon me; when I said heart I didn't mean just that.

A. I said, then, the liver, the lungs and the kidneys were congested; some of them were noted as unduly congested.

Q. The question I was going to ask you was this: that speaking of the larynx, that being so near to the lungs would not those little arteries feed the membranes of that, and make it engorge as well as the lungs?

663 A. You mean the heart engorge?

Q. No, the larynx, the trachae?

A. I assume there is some pressure on the larynx and trachae, and that the other came in contact with the air and that below did not; upon the assumption that there was a cord there, that part below the cord did not get fresh air, while that above got plenty of it; the redness, if you will excuse the explanation, is due to the blood remaining in the vessels, not being oxydized; becoming darkened.

Q. What I mean is this: I ask if these small arteries that go to the trachae and larynx—would they not in this pumping of the heart throw the blood into the capillary vessels of the larynx to engorge it?

664 A. I should explain that in that way; that the cord was so situated probably, if at all, as not to allow the air, to any great extent, to go below; whereas, above, it had free access.

By Dr. Andrews:

Q. Doctor, do you mean by what you have designated as pernicious or congestive chill, that it caused anything different from what produces, or what is known as, intermittent or remittent fever?

A. I assume that all those fevers come from decomposition of vegetable matter--vegetable mould.

Q. Do you believe the cause to be the same except in the one case of a more virulent character?

665 A. Yes, sir.

Q. Do you believe divers vegetables or divers soils will produce malarial poisons of unlike natures and characteristics by different symptoms and pursuing different courses of development?

A. Whether it is the soil that produces it or not, I know such is the fact, that such a class of fevers are produced in different localities.

Q. You would look upon different varieties, even of what is known as malarial fever, proceeding from decomposition of vegetable matter, would you not?

A. Yes, sir.

Q. If the vegetation or soil was different?

A. Yes, sir. 666

Q. Do you know any lesions characteristic of pernicious malarial fever, or what we speak of as congestive chills ?

A. I know of none, excepting it might be that of excessive congestion about the base of the skull, or lung trouble; excepting—pardon me—that the fever should continue, if the fever should continue for some length of time without the chills; and there may be sufficient leisons where they die from a chill or two, or, three as the case may be; I don't know of any other lesions except those I have spoken of.

Q. Comparatively a short sickness ?

A. Yes, sir; if, however, they continue long, I am not prepared to say but there might be other lesions. 667

Q. How great a length of time do you believe it possible for a person to carry the poisons and fever in a system before it becomes manifest in marked periodicity ?

A. I can't tell; it would be a great while.

Q. Do you think it might be a long while ?

A. Yes, sir; in different periods.

Q. Would you think it might remain latent for years even ?

A. Well, I wouldn't suppose it could; and still I wouldn't say it could not; still I have seen people who have been exposed to the malarial influence who have light attacks of malaria; that is they would have a slight chill, with all the symptons of chill, fever, &c., and that might recur again until it is broken up; still these were light chills and did not kill; that is the difference I make between the one and the other. 668

Q. I notice, in looking over Dr. Flint's work, that he states that auxiliary causes appear to be even necessary to give efficiency to special causes ?

A. Yes, sir.

Q. Do you also believe this to be the case, either often or occasionally ?

A. I have no doubt it is; I looked over Dr. Flint's work last night on that subject.

Q. May not, in your judgment, Colonel Dwight have

669 acquired this disease while in the army in the South, or later in traversing malarial districts, which malaria remained latent in his system until goaded into activity by the depressing effects of pecuniary loss, and the anxieties and course of business, acting as Flint says, as auxiliary causes?

A. I would hardly regard that as an auxiliary; I think Dr. Flint means where you go into a neighborhood where you get a renewal of the same poison, more or less.

Q. I supposed he meant that myself.

A. It is possible he meant the other, but I don't think he did.

Q. Wouldn't anything that produced a depressing
670 effect on the nervous system be likely to call into activity latent malarial poison?

A. Yes, sir; I would say that if you mean latent poison which would produce a congestive chill, or latent poison which might produce a malarial chill.

Q. Yes; without reference to being congestive?

A. If it was not congestive, I would say it might, but if congestive I don't think it would be possible.

Q. I understand Flint to say a congestive chill might follow, comparatively, malarial poisoning?

A. Yes, sir; but that he speaks of in the South, and not here; he speaks of it there, but don't speak of it as coming here; the only case here he speaks of is Bellevue; those cases land there from on shipboard, but in all his work, Flint don't speak of a case of malarial
671 fever where it has been imported from any point where it existed, South or anywheres, when on coming into this latitude, they had congestive chills; moreover, there is not a notice of anything of that kind, in all the medical works on jurisprudence, of sudden death from that cause in the districts anywhere; Flint don't note one; the several books we looked at this morning did not note one; in them we did not notice a death at all there, but I would say, in answer to your question, pardon me, that while there can't be any question that one might have, in a long period, attacks of malarial fever, or chills, as they

are termed—moderate chills, in this climate, I hold it 672
is impossible for him to have a pure malarial chill from the disease he has contracted years before, in this latitude; I don't think it possible, and especially one sufficiently severe to produce death; if you should find here an anomalous case, it would be very remarkable, for I don't think there is one of you medical gentlemen, that have seen or read of a case of that kind where persons have been exposed in the South, or anywhere, to malaria, who might have had congestive chill, if they had stayed there, who, when they came up here, had at any time subsequent thereto an attack at least of congestive chill; they may have had, as I say, ague and fever, that is to say regular exacerbation or emission, but they never have, in 673
my judgment, so far as I know or can read in anyway, a congestive chill to produce death.

Q. Have you known, by personal observation or report, cases of persons living in malarial districts for a number of months or a year or two years, not having any attacks while in that district, on moving to a colder climate, or a climate entirely free, so far as known, from that peculiar poison, to have an attack of what is known as intermittent or remittent fever?

A. Yes, sir.

Q. Of the same nature as they might have in the south?

A. Yes, sir; I don't think they would have it with the same severity. 674

Q. The same character?

A. I know when I was in the malarial districts my fever was always more intense and my whole attack was more intense than ever it was here; whether I am wearing it out or not I don't know, but I have had several of them right here in the north.

Q. Will you please describe the appearance of the bed and bedstead that you have observed in Colonel Dwight's room; I understood you to say you had seen the bedstead?

A. Perhaps I had better take that back, because I don't know that it is the same bedstead; perhaps the

675 jury had better see for themselves; I don't know whether this is the one or not; it is the bedstead that sits there now, with a very high head-board—I should think five feet above the level of the bed—and I should think it breaks down in little points and scrolls, &c.

Q. In your opinion, could Colonel Dwight have committed suicide by strangulation with a ligature, cord or fillet, except he tied it about the neck, or passed the cord several times about the neck, or twisted the ligature into a fixed knot?

A. You mean could he do it in that room?

Q. Could he do it in any other?

A. You mean pure strangulation?

676 Q. Yes, sir.

A. I don't know; I have had no experience.

Q. Simply do you think of any other mode by which he could?

A. I don't now think of any other; there are one or two recorded, I believe, where they have taken a cord and given a twist with a strong stick, and are unable to recover after it, and I think one case where they killed themselves that way by a handkerchief or towel over the face, and I don't now remember any others; you don't now speak of suicidal hanging—you mean strangulation?

Q. Yes—strangulation.

A. I call attention to the difference because they

677 are recognized as different.

Q. If strangulation was performed by his own hands—if the cord were not tied or knotted—wouldn't the loosening of his hands, through growing insensible, cause a loosening of the ligature, consequently involuntary respiration and a return of consciousness?

A. Well, it might; that would depend upon how the ligature is placed around the neck, and how many times it was around.

Q. I believe you spoke of ecchymosis seen upon the body at the time of the first autopsy?

A. Yes, sir.

Q. Upon what portion did you specially notice it ? 678

A. On the shoulders and extending down the arms ; I think the post-mortem there describes about the direction of them ; only it does not state that there were a large number of them ; I should say there were between one or two hundred of those ; large numbers, at all events.

Q. Did you observe any upon the back of the neck ?

A. No, sir.

Q. Upon the front of the body ?

A. I think they were in front of the arms, but I don't think in front of the body.

By the Coroner ;

679

Q, (Reading from the autopsy.) "Several small "ecchymosis in skin of back and shoulders ; in part "of right arm small ecchymosis."

A. Yes, sir ; they were not much ; perhaps some of them the size of a small pea.

Q. What reasons would you present, doctor, for their not being found upon the anterior as well as the posterior surface of the body ?

A. I can't give you any reason ; I only know the fact that they were there, and that is often spoken of in medical jurisprudence as a concomitant of that kind of death.

Q. Are they spoken of as not being found on the anterior surface ? 680

A. No ; I think they are spoken of as being found on the anterior ; I know of no reason why they should not be found there, unless it is because the tissues are more loose there ; the skin is thick, I know, but why they should not be there I don't know ; I know that the residue of the back was pretty heavily darkened with the settling of the blood to the back—sugellation.

Q. Did I correctly understand you to say this forenoon that cases are not reported in which they have been found after death from other causes ; that they are peculiar to death from suicidal hanging ?

681 A. I don't know of any others reported; I didn't say they hadn't been; I say I don't know.

Q. That is what I want to get at?

A. No; that is where the ingress of the air to the lung is cut off either suddenly or otherwise; you then find these ecchymose spots, and then occasionally you will find a clot of blood in the brain; that is spoken of as an occasional concomitant of death from hanging; occasionally you so find them from other cases; of course, a case of apoplexy may come on at any moment, but in these cases death coming on suddenly, so that it would not interfere with the functions of the brain, you might say it is significant, and might not; but they go with the other, and the frothy condition
682 of the lungs is altogether significant, and that is the condition of the lung tissue itself.

Q. I understood you to say in these mixed cases the skin is pale?

A. In the mixed form; that is, when death takes place from what is called the mixed form, the skin is always pale—so regarded.

Q. What you would call ——

A. That is, I don't know of any other cause that would give it, except ——

Q. To what cause did you attribute that condition?

A. I could hardly tell you; I don't know of any special cause, excepting that the blood continues to be immeasurably ærated, whereas, in death, where the
683 air is cut off suddenly, they are generally not pale—at least, in many other cases, they are not pale; and so I have seen many cases of hanging, where this extreme pallor occurs; and I think you will find, on looking over the works in a large number of cases, pallor exists as a condition, even in criminal executions.

Q. Was there, at the time of the first autopsy, much effusion of blood upon the excision of the skin and subjacent tissue?

A. No, sir.

Q. No more than usual on *post-mortem* examinations?

A. No, sir. 684

Q. Do you think there was less?

A. Yes, sir; I think there was less; certainly less in the internal parts; but I noticed when I made this examination the other day here, there was a large amount of blood in the posterior part of the body—the legs and back; all the parts were very moist; a large quantity of fluid in each; of course there are none but small vessels there, but the capillaries and all of them must have been very much filled with blood at the time, and you remember the whole back was sugellated, showing that there was a large amount of blood in the tissue and passing down.

By the the Coroner:

Q. None of those appearances were there? 685

A. Well, the sugellation was very considerable at the time in the back -at the first *post mortem;* and when you made this *post mortem* the other day, you gentlemen that were there saw then that the muscles of the back instead of being dry were soft and very juicy, and full of fluid, so the legs the same way.

Q, In reference to that ecchymōse appearance of the skin, do you understand the ecchymosis to have been produced by a rupture of the small vessels in consequence of the pressure of the blood upon them?

A. That is presumable, and that theory was advanced; with a clot of blood in the brain in the same way that would be presumably the cause because these clots were of recent origin, they occurred just before death or during death, all of them. 686

Q. What vessels were ruptured as a cause of the ecchymosis in question?

A. There were some smaller vessels; there are not large vessels at that point.

Q. You distinguish them as capillaries in distinction from small arteries?

A. What I call capillary, they are so small they would not pour out much blood; it would not take much blood to make a clot an inch in diameter and one-sixteenth of an inch thick; and if a larger vessel had been opened you would have had a larger amount

687 of blood ; in the tissues of the back there are no large vessels.

Q. Would the forces bearing upon the blood in these vessels sufficient to rupture them leave the surface ensanguined and the face pale, anxious and pinched as described by some of those persons at or soon after death while the body was yet warm ?

A. Well, it might ; I know that you take all the works of medical jurisprudence and you will find that that is not only the case in suicidal hanging, but in other forms ; that the face is often very pale, owing to the position of the body ; the blood settles down from that point.

Q. You believe it would ?

A. I think it would.

688 Q. Would not blood flow as readily from the small excised vessels of the surface of the body as from similar vessels elsewhere which had not been subjected to such pressure as to produce rupture ?

A. They would if their position was the same ; if they were in a position where the blood could go down by gravity, they would follow the same ; the position makes the difference.

Q. You think the dependency, while the body is yet alive, would make a sufficient difference ?

A. Oh, yes ; you will see in all cases of death, whether sudden or otherwise the blood always flows to the back if they are lying on their back, but if hung up it would go to the lower extremities ; everything

689 seeks, as far as possible, its own level, and especially where the blood is all fluid, as it is in any form of asphyxia.

Q. What position do you believe Colonel Dwight to have been in when he committed what you suppose to have been suicidal strangulation ?

A. If he committed suicidal strangulation such as we have suggested here, I assume that he was in that bed partially raised up ; that is, he partially raised himself up and hooked himself upon one of those horns of the bed-stead and then settled down.

Q. That is, the rope came primarily from the back

of the neck around to the front of the neck; that is, instead of drawing that way, it drew this way (illustrating)? 690

A. Yes, sir.

Q. Would the pressure of a ligature sufficient to produce a depression one-quarter to one-half inch in depth—I believe that is what you stated this forenoon——

A. (Interrupting). About one-half an inch, I think I said.

Q. (Continuing). While the body was yet warm and remaining until after the body was cool be more likely to rupture small vessels and leave marks of violence under the ligature in the depression or immediately on either side than on the surface where the ecchymose appearances were observed? 691

A. If one were to judge from analogy they would say yes, but experience shows it is not so; I think you will find that on a large scale those who have examined that subject find very few cases where ecchymosis occurs under the cord.

Q. Or immediately adjacent?

A. Or immediately adjacent—very few cases—and if there had been ecchymosis under this cord no one would have noticed it because no one examined it; if ecchymosis takes place, it is right under the cord and not adjacent to it in a neck like this; it would be a diffused ecchymosis; not like this on the shoulder; these were like—some of them perhaps were as big as pin heads, and some of them as big as a pea; rather round and as if they were pretty full, but if you had ecchymosis on a neck like that it would be a diffused form of ecchomosis; that is effusion into the cellular tissue instead of being like this on the back of the neck or the back I mean—the back and shoulders. 692

Q. Would the resiliency or the elasticity of the tissues or soft parts remove all indentation or nearly all the groove or depression if applied before death, and removed, while the body was warm?

A. No, sir.

Q. Do you think there would be any or much of any return to its former condition?

693 A. Oh, it might be very slight but it never does return ; the mark on a neck like that is greater or less depending on how much flesh there is on the neck ; If it is fat it will be less likely to return to its normal condition at all than it would be if it was more muscular ; the muscles resist and there would probably be more ecchymosis on a muscular neck than a fat one ; but the fat when once spread apart, as you know yourself, if you are or have been a surgeon, does not return to its normal condition until filled up and refilled, and it is distinctly laid down in a word that this does not return no matter whether you take it off early or late.

Q. Did you observe the depth of the fatty tissue
694 upon the neck of Col. Dwight?

A. Except in front, no ; except where the larynx and trachea was removed.

Q. Was there a heavy deposit in front?

A. I assume so ; you know over the abdomen there was a very heavy one ; the neck is a very large and full neck, as you observed the other day ; he had evidently one half inch more of fat than I have on mine.

Q. Do you know, upon observation, that it was heavy upon the neck?

A. I know the size of the neck must have given him a large fatty deposit there.

Q. You did not observe the depth of the incision?

A. No.

695 Q. What would be the difference in the indentation if there were œdema of the tissues of the neck?

A. Well, if it was œdema—if it was an indentation through œdema—the water or the fluid which produced that œdema would gravitate and get out of the way and leave no indentation ; but there was no œdema here.

Q. You think the indentation or depression would not be so prominent in œdema as in a case like this?

A. No ; take the same case, pinch your leg and stick your thumb in there one-half an inch and it is all gone in a few minutes.

Q. Could a depression one-quarter to one-half an

an inch in depth and broad as the thumb be produced by a cord applied before death without producing also a recognizable fracture or rupture of the texture beside the ligature? 696

A. Applied as we suggest, this would be applied?

Q. Yes, as you believe it could be applied.

A. Oh, yes.

Q. Do you know or have you heard of a cord, napkin, or other article, by which self-strangulation could have been produced having been found near Col. Dwight or his room?

A. No, sir.

Q. Have you heard the testimony of Drs. Burr and Orton, or either of them, concerning the condition of Col. Dwight on November 2d, the day alledged of the first chill? 697

A. I heard all the testimony given by those gentlemen here—both the Burrs and Dr. Orton.

Q. How do you account for the symptoms described upon that day, described as having been manifested on that day?

A. I think it was reasonable to suppose that it was the gelseminum that Dwight might have taken himself, from the symptoms I heard described both by them and by the gentleman who was here yesterday who was there on the 9th; I think that was on another occasion; the same class of chill; I don't see anything else that could produce these symptoms; it was certainly not an ague chill, nor were they malarial chills—that is congestive chills, as I understand them. 698

Q. You believe they were not produced by an attempt at self-strangulation or suicidal strangulation?

A. No.

Q. Did you hear the testimony of those that were present during the last hour of Col. Dwight's life, as given here?

A. I heard Mr. Spaulding; I have heard the gentleman who sat up with him, Mr. Hull; Mr. Spaulding seems to think it was doubtful whether he was living

699 when he saw him, or not, as I understand what he said here.

Q. Did you hear Mr. Hull's testimony?

A. Yes, sir; I heard Mr. Hull also, who said he heard some noise; was sitting by the door; he walked in and found him dying; he did, in fact, give him some brandy, he says, and he drank it; whether he is mistaken or not I don't know; but then he called Mr. Spaulding, and Mr. Spaulding came in immediately; as I understand it, Mr. Spaulding was not undressed, and I would say to the jury that, if you would recall him you would get this all from him; that instructions were given that if anything happened he was to go immediately in, and he was up and got there the first
700 that night of anybody, after the description given by Mr. Hull, and that Mrs. Dwight did not come in for several minutes, and then she came in partially dressed; so that he got there the first, and he thinks that time, from what he said yesterday—he was very doubtful whether he was living at all when he went in there, as I understood him; he pinched his tongue, and he thought he had motion; you understand what that means; when you take hold of tissue that has just been living as it were, and you pinch it, it will have muscular action, which is the case with a bullock when you have slaughtered him and undertake to cut a handful of meat.

Q. Did Mr. Spaulding tell you who gave him those
701 directions to be in readiness?

A. I think Colonel Dwight himself gave him those directions; he did not say he gave him those directions, but the directions were, if his private bell was rung he was to go right in, but if his other bell rang it was to call the boys; he said the other day that while he would not like to say positively, one way or another, about his being alive, that he pinched his tongue, and his tongue twitched, then he put his ear to his chest and was not sure that he got a pulsation; he felt the pulse at the wrist, and isn't sure there was pulsation there; there was no gasp; he never did anything that you would expect a man to do—opening his mouth

and getting a spasmodic inspiration; there was not even that; it was not an instant hardly after his bell was rung—it is an electrical bell—before he was in there, and I presume if you call him he will relate those facts just as he stated them to me; so that if he didn't find him alive the rest could not have found him alive. 702

Q. Mr. Hull was there before him?

A. Mr. Hull was there all night; Mr. Hull was the man that called him.

Q. From the statement of Mr. Hull—I understand he claims he was there before Colonel Dwight died—and from those who came in subsequently—from their descriptions of the appearance of the body at that time—do you perceive the symptoms as declared by this witness to differ materially from those described by Drs. Burr and Orton in the appearance of the body during the chill, or shortly subsequent, on the second of November? 703

A. Well, if I take the testimony there of them I should say that I should think there was considerable difference.

Q. In what respect?

A. Well, in the first place, he was excessively pale, and was dying, and had no other symptoms.

Q. In the last?

A. In the last; either dying or dead; in the former he got up—went to the door as I understand it to open the door—I think that is Dr. Burr's description; if not, I trust you will correct me—and fainted partially; he got back to the sofa and laid there very quietly as if in a partial faint for a little while, and after a time recovered with no bad symptoms. 704

Q. You know the testimony which goes to show that he was especially ill before he rose out of bed?

A. I don't so understand it, sir; if a man is especially ill he has a pulse and heat different from what he would have if he was well; this pulse and this heat was all normal—never was anything else—from the time he was first taken sick until the time he died; or else you have got to discredit Dr. Burr, or say he had an

705 abnormal pulse and abnormal circulation at times and he had neither; aside from the times that he had what they claim as these chills, he was never sick excepting that he had from time to time a sort of bilious vomiting, but that you may regard as peculiar when you take into consideration the fact that the *post mortem* examination showed he had chronic inflammation of the stomach; as physicians, you know perfectly well what that means; no man gets chronic inflammation without he has first had acute inflammation, and no man gets acute inflammation unless he has taken some narcotic or narcotic acid; no matter how he gets it, that is not the question, but no man gets that from chronic inflammation or what may have been in
706 flammation without something of that kind produced; it is not a idiopathic condition; inflammation of the stomach is not an idiopathic disease; I believe that is laid down there, and no one disputes that; therefore, if he had these vomitings and these retchings of the system you would trace it directly to inflamamtory action; if inflammatory action is induced by any one of those causes it is not caused by a simple bilious condition; I say, therefore, this condition of things would account for all they claim as sickness between these attacks; and the doctor's gelseminum that he left there and what Dwight may have purchased when he went to New York, or purchased in the village or anywhere else, may have accounted for all those terrible con-
707 gestive chills he had.

Q. Have you ever carefully examined a body after death in which you could find no reasonable cause of death, as manifested by the *post-mortem?*

A. I don't know now; I can well understand that such a thing might occur; I don't remember any; but they could not well occur in a sudden condition in a case like this in a state of health; people sometimes die from diseases after long lingering without any seeming cause, that is, they sink away and die; disappoint the doctor in two ways—he first loses his patient, and he next loses his continuous attendance; but as a general thing, you can trace it back from the

post-mortem to something; as you well know very few 708
post-mortems are made, and therefore you cannot analyze that carefully; when you have made a study of it you will see the bearing of what I have suggested to you; of course, I understand you cannot, without you have facilities for it, more or less.

By Dr. Esterbrooke:

Q. Is it impossible to generate a chronic gastritis by continued imprudence in diet?

A. I think so; you may have an irritable condition of the stomach, but not a gastritis.

Q. Do you recognize more than one form of con- 709
gestive chill—more than one distinct plain symptom?

A. That is, do I recognize that there is more than one, ever?

Q. Yes.

A. I presume there might be more than one chill in a climate where that fever prevails and where those chills prevail.

Q. Isn't there a form termed algid intermittent, in which the symptoms are very much like those mentioned by Drs. Burr and Orton described on the second of November, termed algid?

A. What do you mean by algid?

Q. Intermittent terminated by great coldness or chilliness of the body or extremities?

A. I don't know of any; I don't know as I under- 710
stand the term.

Q. Where was the depression deepest in the neck?

A. I can hardly tell you; it is pretty deep all around until it died out at a certain point in the back; they rather came together there and seemed to get lighter as they came back a little (illustrating it); I think they were about of uniform depth all the way around at the first examination.

Q. You think the cord was twisted as it hung over the bed-post?

711 A. No; I think if that was the mode of doing it, that it was looped on the neck, and then looped on one of these knobs above; it may have been twisted, that I cannot say.

Q. Was there probable pressure upon the great vessels of the neck?

A. I think possibly there was.

Q. Is it possible to produce that without having congestion of the skin of the face?

A. It does occur; by reference to authorities you will find that that has—we have Taylor here, if you like to look it over; I have the English edition, and so has Dr. Sherman if you like.

Q. What was his latest edition; is this the edition
712 of 1873?

A. Yes, sir, 1874—the same thing I think.

Q. This is not under suicidal strangulation here; it is simply this (reading from the book).

A. You take for instance homicidal hanging—he says, the countenance is either livid or pale; that is a homicidal; I will find a suicidal pretty soon; we cannot tell the page because the book varies in pages; this is the edition of 1873, but it is a republication of the English edition; on page 45, volume 2, Taylor states, "perhaps the greatest medical difficulties occur——

That is in reference to recognition; that is not the point; I will get at the other.

713 Q. I don't see that that makes any difference here between suicidal strangulation and hanging, as regards the post mortem examination?

A. Have you that in reference to the color of the face in suicidal hanging; here is what he says in reference to these circumscribed patches: "There are also, commonly, circumscribed patches of ecchymosis varying in extent, about the upper part of the body and the upper and lower limbs, with a deep, livid discoloration of the hands; the fingers are generally much contracted, or firmly clinched, and the hands and nails, as well as the ears, livid. * * * * * In these, the face is generally pale, and the mark on

the neck is a simple depression in the skin, usually without ecchymosis, and acquiring a horny or parchment color only after some time. Esquirol found, in one instance, that when the body was examined immediately after death, the face was not livid." 714

Dr. Sherman: He describes the livid condition of the face and eyes, and then says, that such appearances would very rarely be found in life anywheres; this is the last London edition of Taylor, later than any published in the United States.

The Witness: Here he says he also found there was no difference in the ligature whether it was removed sooner or later after death; I will find you that paragraph by and by; he speaks here of cases of homicidal hanging, and he says that such appearances, that is those of homicidal hanging, are rarely to be found in these cases of suicidal hanging which are likely to come before the medical practitioner; in these cases the face is generally pale and the mark on the neck is a simple depression of the skin—page 39 of the same volume I had before—usually without ecchymosis; sometimes of a parchment color without ecchymosis: a parchment color only after some time; he makes that distinction as between homicidal and suicidal hanging: that in the one you are more likely to have the features entirely free from discoloration than in the other; he says it is generally pale. 715

Q. Would you naturally expect such a pressure brought upon these vessels in the neck with such regularity as to cause congestion of the face and skin? 716

A. One would think so, but the facts are otherwise.

Q. Would a tight neck-band or anything of that kind around the throat, make such a mark, or make a depression of the neck, the same as this?

A. The same as we find here?

Q. Yes?

A. No, sir; well, I perhaps might qualify that; it would depend upon the amount of constriction; if there was constriction sufficient to produce such results as are found, it might do it.

717 Q. This would depend upon the condition of the collar, wouldn't it, somewhat?

A. I don't think the collar is ever put up at 45 degrees; you look around the room here and see; people don't put tight collars so high up as that; I mean for ordinary wear.

Q. Look at this gentleman's now, here?

A. But that came up in a different shape from this (pointing to the stenographer's collar); you understand that that one came right down from there up here (illustrating).

Q. It does pretty near?

A. Oh, no.

718 Q. If the head was in the condition you speak of, wouldn't the angle be in the other direction; if the body was hung, as you would regard it, with the back of the head downward, wouldn't the angle be in the other direction; more apt to; wouldn't the line posteriorly have been lower than the line anteriorly?

A. Where the hanging is in front?

Q. Yes.

A. I think that is generally described as almost circular; at right angles to the neck.

Q. They described his lying, the back part of his head being most dependent; won't the cord naturally be lower in the back part of the head than in front?

A. If the cord had gone up the front of the face?

Q. Yes.

719 A. I should think it would probably; it might and might not be, probably; it would not be like it was now; if it was lower it must be either circular around the neck or depressed lower at that point.

Q. Do I understand you to say you thought that was the position he was in?

A. No; I said I thought the cord was up behind the head and came together behind.

By Dr. Andrews:

Q. The way I have presented it to you, I ask you

if you thought the cord was placed back of the neck first? 720

A. Oh, no; you misunderstood me

Q. That is, lying back in this way with the cord coming up in this way (illustrating)?

A. No, it runs up so (illustrating); the head then was thrown forward; I understood you to say the head was thrown forward, and I said yes.

By Dr. Esterbrooke:

Q. Is it common in the lungs of persons killed by strangulation to find emphysematous spots on them?

A. I think it is.

Q. Were there any here? 721

A. I did not discover them; there were none noted here.

Q. You will mark the difference; you are talking of strangulation and we are talking of homicidal hanging; the two are regarded by medical jurists as different; the one is a struggle, an effort to accomplish it, the other is an entire action of the will in favor of the act.

Q. There were no hemorrhagic infractions in the lungs?

A. I did not notice any.

Q. Wouldn't there be more apt to be those there than in the brain?

A. Well, in suicidal hanging I should say not; in 722 the famous Budge case, which we had so much time over, there was not only congestion, but engorgement and a large quantity of effusion of blood—coagulation —what is termed apoplexy; there it was alleged that the effort at strangulation had produced this condition of things or rather suffocation, which is believed to be the point—manual suffocation,

Q. Didn't Mr. Spaulding speak of propping up the chin shortly after he came into the room, or holding it up?

A. I understood him to say that the man was sitting up in bed, resting backwards on pillows against the headboard, almost or a little less than at right angles;

723 he stated—I did not understand he propped up the the chin, but he stated that he pinched the tongue to see if he was still alive, and put his ear to his chest to see.

By Dr. Spencer:

Q. He propped up his chin with a book?

A. I don't see how he could, if the man was sitting; the undertaker said he propped it up with a book; he said he found it propped up with a book; I don't think Mr. Spaulding said he propped it up with a book.

Q. The reason I asked was, you stated there was
724 no evidence of dropping of the chin?

A. From what he said I assumed there was spasmodic action remaining in the muscular tissue and until that muscular action is all gone, the chin does not drop to any extent.

By Dr. Edwards:

Q. In regard to those patches of ecchymosis or extravasation that appeared to be on the shoulders and arms, might not those be occasioned by other causes?

A. I know of no cause which would induce them; in fact as I stated before here, I have never seen them in any others, except those who have died a violent death.

725 Q. In what manner and appearance do they differ from those that we find in a malignant form of cerebro-spinal meningitis?

A. I think these were filled—though they were not examined by the microscope—I think they were filled with clotted blood; in these cerebro-spinal difficulties I don't think they are; I think they are filled with blood that does not coagulate readily.

Q. You think these were coagulated?

A. I think so from the appearance of them.

Q. Would not the lack of oxygen in the blood prevent coagulation if they were caused by——

A. (Interrupting.) Well, I assume all these patches were made prior to the time that the blood was in that

condition, at an early stage; certainly the brain was, 726
before the blood was poisoned; that was as clean a clot as ever I saw, when it was removed, and I presume if those on the shoulder had been examined with the microscope they would also have shown clotted blood on them; that is the reason I say there ought to have been two days taken for the post mortem instead of three or four hours.

Q. You were speaking of a certain form of malarial disease in the algid form; do you recollect ever seeing a case of that kind where neither the temperature nor the pulse exceeded the normal standard?

A. I do not understand what you mean by the algid form; that may be some new term that has not come 727
up yet.

Q. Where the temperature is below ninety-eight degrees during the whole time; never an increase in frequency of pulse?

A. I have never seen any of that class of patients; are those the result of malarial poisoning from vegetable or animal decomposition, or both; you ask me that form; do you mean to say those come from the vegetable or animal exhalations?

Q. In regard to that it is not easy for one to tell whether it is from one or the other, or a combination of the two?

A. I understand that we are here discussing a kind of malaria that is induced by vegetable poisoning— 728
vegetable malaria—because I understand that a congestive chill comes from none other than that; that being the case it would not tend to illustrate this case of Dwight; because, if it was anything at all of that character, it was vegetable poison; it is not worth while to touch the question of animal poisoning, or the combination of the two—I mean in order to get at this case.

Q. In the former autopsy, it was spoken of there being adhesion of the dura mater to the cranium?

A. Yes, sir.

Q. Did it have the appearance of being old?

A. I think it was something old.

729 Q. Then, if this theory is correct of placing a ligature around the neck and bringing it together posteriorly and attaching it to a position of the bedstead above, could a person in that condition, in your opinion, press sufficiently upon that, or throw enough weight upon it, to cause death; would he, after that length of time, call to a person in an adjoining room, or could he remove this ligature, or secrete it so that a person in the adjoining room could not detect it?

A. I don't think he could.

By Dr. Brooks:

Q. Did this depression extend entirely around the neck?

730 A. I think at that time that it did measurably so; I think, perhaps, there may have been a little interval posteriorly; If I remember right it was, and for that reason we said at the right side it extended around to a certain point, and on the left extended around to the back of the neck; I think the interval was between the right and left side, but there was no indentation, I mean no perceptible one, across the larynx or trachea.

Q. Is that lower on the right side than on the left?

A. Yes, sir; no, I think it was higher on the right, commencing on the os hyoides, and on the left at the thyroid cartilage; it would get a little lower on the left; for instance, taking the right side and running
731 down like this, and circling around so-and-so (illustrating); then the line of the cord, just as it struck the thyroid cartilage, would pass up on the opposite side.

Q. What suggested that question, is the idea, that if the extension was made behind the head, why would not this cord be drawn straight across the front without being one-half to three-quarters of an inch lower on one side than on the other?

A. It would depend whether it was lower on one side than the other; I think the cord is never uniform; it is higher on one side than the other.

Q. In the recent autopsy there was another depression above this one that you speak of?

A. That was made by the coat-collar, or the other collar; it was a mere depression; it was not this deep indentation that I examined very carefully. 732

Q. Could he have made a sufficient pressure on this cord around his neck to produce suffocation, and not have it slip up enough to produce this depression where the coat-collar was?

A. I think so.

Q. Why wouldn't it be drawn?

A. The shirt collar was pushed up on the side of the face; you know he had very thick jowls.

Q. He had a turn-down collar?

A. But it was pushed high, like this (illustrating); in the notes, you will find that the upper line was recognized by Dr. Burr as a collar indentation, and the other indentation was below the collar; I think we called attention to that very particularly there; I mean at this last *post mortem.* 733

Q. There were three indentations?

A. There was an indentation across the centre part of the throat; but it was across where the larynx and trachea were taken out, and it was a straight line almost like that where the chin was pushed down a little, but it did not disturb either of the others at all, and they were only partially changed; they were changed somewhat, but only so that the other gentlemen who were there and examined it most carefully are unable to tell exactly what they found at this time; it was so decidedly marked, that they were very decided in their opinion in regard to it. 734

Q. Then, according to the appearance of it, the suspension must have been made from behind?

A. I think so.

Q. What is the effect of large doses of morphine upon the blood—does it make it darker in color?

A. I should think that in proportion as it would act upon the brain, or act as an active sedative, it would prevent measurably the full oxygenation of the blood, and, therefore, make it darker—slightly, if any.

Q. Was the blood as dark in the cranium as in the body?

735 A. Yes, sir; I think it was.

Q. Then the blood in the body would not have been any darker from want of oxygen—it was not any darker from want of oxygen?

A. It was dark because there was no oxygen but full of carbonic acid gas; I assume that the blood that was in the brain at this time was not in the brain when the cord was first applied; I assume that that was new blood that had gone up there.

Q. Would not the effect of a large dose, as is given in this case, cause a partial paralysis, or rather, a stasis of blood, and give the appearance of congestion in the membranes of the brain?

A. One would think so; it seems that Dr. Burr gave
736 nearly two grains there at one time.

Q. Was this blood clot, in your opinion, made before—sometime before death?

A. No; I think it had not been made long, because it was not organized; there was no attempt at organization; blood clots soon organize; I mean they soon change their character after being thrown out, and ultimately are absorbed.

Q. Was that the same color as the rest of the blood?

A. No; it was red—as red as any clot would be—and for that reason, I say it was evidently thrown out there before this carbonization commenced.

Q. How much of the symptoms of the syncope that
737 he had before, or, as he called it, the congestive chill, would the presence of a clot in the brain produce?

A. Oh, none; no effect at all; that size, I mean; that dimension of clot.

Q. Would it produce any effect upon the eyes?

A. No; it was not in a position where it would disturb the eyes or any of the functions of the brain.

Q. Was there any change in the appearance of the blood clot after it was removed from the head, or was it examined at once?

A. It was examined at once; it was cut through; the moisture was absorbed with a clean towel; then it was cut open with a knife, and worked off each way.

Q. Had it a uniform appearance? 738

A. I think it was of uniform appearance.

Q. They spoke of having administered some brandy; would that remain in the stomach after death?

A. I think you would not find it the length of a *post mortem* after death; I think you would not even smell it; there was quite a quantity of undigested food in the stomach, or rather pulpy food.

Q. Would the morphine act upon the system so as to check to a certain extent mucus secretions?

A. I would think so, if there were large doses at least.

Q. Would it not paralyze the throat to a certain extent so that it might remain there and become more tenacious than under other circumstances? 739

A. Well, I should think not; I think if it did anything it would kill; I mean anything unfavorable.

Q. Does it usually not check all such expectorations?

A. It seems so, but it never seemed to do so with him, as Dr. Burr says; it never made him thirsty or disturbed him in general; of course we cannot theorize on a thing like that so well as a person who absolutely sees the effects of it; if he says there were no unpleasant effects, of course we are bound to accept that.

Q. Was the quantity of blood in each side of the heart equal?

A. Each side of the heart was recognized in the *post mortem* as having about a half ounce of fluid blood. 740

Q. What was that an indication of?

A. That the heart was empty, probably; at the time of death absolutely, but after death, that there was a little blood that ran in it from the lungs.

Q. Might not that be the case with sudden paralysis of the heart?

A. No; that is laid down in Taylor very carefully, that in the case of paralysis of the heart all the organs are normally full; there is no congestion in any of the organs; I think you will find that in Vol. 1 there.

741 The Coroner: I saw it, Doctor.

A. Well, you can call the attention of these gentlemen to it.

Q. Would the amount of exudation that is found have taken place subsequent to the death and prior to the examination made?

A. You mean the exudation in the bronchial tubes.

Q. In the lungs, bronchial tubes and all?

A. I say no; not that class of exudation; the exudation in the chest was unquestionably a *post mortem* appearance; it was due to simple sugellation.

By the Coroner:

742 Q. In death from drowning what is the cause of death; in what way do they die?

A. From asphyxia.

Q. Similar to this?

A. It is because of asphyxia, but the symptoms on *post mortem* examination are dissimilar.

Q. How, aside from the water in the lungs?

A. I cannot tell; but it is a fact that they are dissimilar, that is, the congestion is found more intense; the person comes generally to the surface three or four times; sometimes they will be a long time in dying—getting full inspiration now and then, filling their lungs partly full of water; and by looking at the works on medical jurisprudence you will find that the
743 *post mortem* appearances are different from those of suicidal hanging.

Q. Supposing they die very quickly after going into the water, what is the color of the face?

A. It is generally blood discolored.

Q. Any unusual expression about the eyes?

A. Well, I have seen a great many persons drowned and examined a great many; I suppose I have examined over two hundred persons drowned, but I never noticed the expression of the eye; I have brought a good many to after they have been drowned, after they are seemingly dead; but I have noticed that fact, that the lungs are enormously congested always.

Q. How with the brain? 744

A. That is congested.

Q. The heart—the cavities?

A. The right side is full usually.

The Coroner: Are the jury through with this witness?

By Dr. Brooks:

Q. I would like to ask how the doctor accounts for that clot being red?

A. It is red as any internal clot; it is taken out before the blood became black and carbonized; that is the only solution of it; that was before death occurred.

745

By Dr. Bassett:

Q. May not some men with apparently good, vigorous constitutions, be more susceptible from an idiosyncracy to malarial poisons, than others of less strong constitutions?

A. Oh, there is no doult about that.

Q. Then those persons; if attacked with that—would the vital forces be as able to resist this malarial poison as in others?

A. How do you mean resist it?

Q. Some with this peculiar idiosyncrasy might succumb to that poison?

A. You mean might die.

Q. While the other without that peculiarity would survive? 746

A. In answer to that—perhaps I would say just to that—I would say, however, that I know of no one dying from simple ague chill unless they are worn out by the disease, and that too in a neighborhood where constantly exposed to the disease; I have never known a person who has been living in a malarial district—and having chills where there is no maleria—I have never known one die; but you look over the records of all the works and I don't believe you will find the thing, except it is a mere speculative thing—but you don't find cases of any person dying from it.

747 Q. They might, you think, in these peculiar circumstances?

A. I don't think they would die from malaria, but from other diseases; they may become weakened and prostrated from it, but other diseases kill them, and they don't die from the chill and the fever which follows.

Q. With this peculiar idiosyncrasy?

Q. I don't think that makes any difference at all; I don't think it changes the issue one particle; I believe in taking the bull by the horns; I believe in taking the question according to science; that is the only way we are discussing the question to-day, and more than that, it is discussing facts, but I have no
748 doubt you will all look over your records heretofore of cases, and you will never find a case of malarial fever coming into this neighborhood anywhere within fifty miles of you here, that ever died directly from a malarial chill, without any other cause attending it; without any other diseased condition of the body; but a healthy person, a person who is as strong as Col. Dwight was, I don't think such a case ever occurred; if they did I would like to know it, and know the *post mortem* condition; it is easy without a *post mortem* examination to say this or that, or the other, but it is not an exact way of doing business; if there were those cases, why dont out text books speak of them; take up all our text books, and with the exception of Flint, or others they
749 never speak of chill—that is congestive chill—except it has been imported directly from the South; now, that is a point for you to look at carefully, gentlemen, in this discussion, and when I am asked the question, of course I am going to be frank with you.

By Dr. Andrews:

Q. You have spoken frequently, I believe, of Col. Dwight, in your opinion, of having been a strong, healthy, vigorous man; do you consider a man of large frame, of heavy and apparently coarse muscle,

of large amount of adipose tissue, a strong, vigorous, 750
healthy man?

A. I would answer by saying, not as strong as a muscular man.

Q. He would not have the vital tenacity.

A. No, probably not; but then the question comes in, would he be any more likely to succumb from a chill, an ordinary chill from malaria, than any body else, or if anybody does succumb would he alone, of all others succumb; that is the point I would make.

Q. Would you not think the less the vital tenacity, the more easily this succumbing to a disease of any character?

A. Oh, yes; that is on general principles; I concede that at once; but what I would make here—a point I 751
would make—is this, that it seems to me, from a fair examination of this case, any way, that Colonel Dwight never came to his death from natural causes, and I can conceive none of the violent causes more consistant with everything done, all in all, than that of which I have here spoken; it seems to me the most reasonable cause; there may be others who can suggest different causes; I don't know of any other.

By Mr. Esterbrooke;

Q. Would not disease of the cord above the region of the ——

752

I suppose you mean by that the external spiratory nerve?

Q. Yes.

A. I have no doubt it might.

Q. It would paralyze the muscle of the chest would n't it?

A. Yes, sir.

Q. Might not a spinal apoplexy at that point or above the nerves cause it, sometimes?

A. I should not think, by the symptoms here, but I think they could not produce the condition found on *post mortem* here; and, moreover, we examined this

753 spinal cord, including this medulla spinalis; we removed it low down and took out the brain.

Q. Below the third and fourth vertebrae?

A. Not the principal one, but the second; you know there are only two filaments going up there; they run down two or three or four—but no matter, there was no disease there; you know you can look down in the spinal column at least two inches, after you have removed the cord; you remember he was cut there, but it was stuffed down two inches at least, with cotton cloth.

By the Coroner:

754 Q. Have you ever made a *post mortem* examination upon any person that has died, that you cannot account for the death by *post mortem?*

A. In sudden death, do you mean?

Q. Yes.

A. I don't think I have.

Q. Have you from any death; from fevers?

A. Well, unless you will concede that we sometimes find the system sinks away from nervous exhaustion after long, protracted fevers, that there is nothing in the *post mortem* to account for their death; then, again, I have seen people suffer for months and years from what would seem to be spinal irritation, and nothing would relieve them; on *post mortem* no organic change was found; you reverse the picture, however, and take
755 that of a person in full health, and if they die suddenly, there must be some cause for it, and there must be some cause to manifest itself in one of those internal organs; in one or all of them; within the brain, &c.

Q. Then you can account for death without a structural change even, in any disease by a *post mortem?*

A. Well, I don't say that; I am speaking now of sudden deaths; I suppose that is the matter under consideration: here is a person in seemingly good health, who was walking round the grounds, and going to New York, and had a comfortable night before, and

then suddenly dies in the course of the night, without any noise or anything; nobody heard him, and still you find all these appearances. 756

Charles A. Hull recalled:

By the Coroner:

Q. You have been to the Spaulding House, this afternoon, have you?

A. Yes, sir.

Q. Were you in the room where the Colonel died?

A. Yes, sir.

Q. Did you look at the bed and the bed-stead?

A. Yes, sir.

Q. Is the bedstead the same as the one that he lay on when he died? 757

A. It is either the same or one just like it; it has the same appearance—the same style; I should judge it is the same.

Q. When he died what did he have on his neck; I think you said that he had two shirts on?

A. I think he had a wrapper on or an inside shirt.

Q. How far up, as near as you can remember, was the band on the neck?

A. I think it was about the ordinary height.

Q. His neck was short, was it?

A. Rather.

Q. Do you know whether the band was tight or loose, of that shirt? 758

A. I did not pay any especial attention to it.

Q. When you saw him after he was dead, was the shirt buttoned or unbuttoned—that is, the band of the shirt?

A. I think it was buttoned.

Q. Did you notice the width of the band?

A. I did not.

By Dr. Andrews:

Q. Do you know that Colonel Dwight was living when you reached him that night?

759 A. I do.

Q. Do you know that he breathed?

A. I know that he breathed.

Q. You felt his pulse, did you?

A. Yes, sir.

Q. Did you remain in the room until he died?

A. I did, except when I went across the hall to call Mrs. Dwight.

Q. Did you see anything in or about the room that awakened any suspicions whatever in your mind as to there having been self-destruction?

A. No, sir; nothing of the kind.

760 By Dr. Brooks:

Q. Did Mrs. Dwight come in the room before Mr. Spaulding?

A. She did; I went across the hall and called her; she came right through, only partly dressed, and she wanted to know if I had called Mr. Spaulding, and I told her no; she then touched the bell; it was right there in the room and she went out of the room and Mr. Spaulding came in; I don't know where she went; she was right back there again in a moment.

Q. The first you knew that anything was wrong was some expression or noise he made, or was it his speaking to you?

A. The first I heard was a sort of gasp—a little noise; I sat within eight feet of his bed at the time, in an adjoining room, right close to the door, the door
761 being partly open; as soon as I heard the noise I went to the door and he called my name, and that was the last that he said.

Q. How long from that time was Mrs. Dwight in the room?

A. It could not have been more than two minutes at the outside; I put my arm under his head and poured some brandy down him, and then ran across the hall to her room and pounded on the door; she came right back.

Q. Was he breathing when she came into the room?

A. Yes.

By the Coroner:

762 Q. As near as you can remember, how long was it after you noticed Col. Dwight's condition, when you went in from that noise—how long was it after that that Mr. Spaulding came in?

A. He came in—well, I cannot tell the exact time—within two or three minutes; it may have been five minutes before he got there; he is down at the hotel; this building is detached from the main hotel building; Mrs. Dwight rang the bell, that called him after she came in,

Dr. Spencer:

763 Q. How long previous to this was the last time you were in the room?

A. The last time was when I gave him the glass of water, and I think it would not exceed 15 minutes before that; my impression is, that it was a shorter time than that.

Q. You noticed no change in him then?

A. No, I did not; he said his lips were dry, and I gave him a glass of water, and he drank a swallow of it.

By Dr. Brooks:

Q. Was anything given to him after Mr. Spaulding came into the room?

764 A. There was; we gave him brandy and ammonia both.

Q. Did he swallow it?

A. He did; I am quite positive that he breathed after Mr. Spaulding came into the room; I am satisfied that he did for a considerable length of time though it was very faint.

By the Coroner:

Q. Mr. Hull, what were the last words he spoke to you?

A. The last word he said was "Charlie."

765 Q. How long was that before he died?

A. That was when I went in when he was taken.

Q. When you first went in after you noticed this noise?

A. Yes, sir.

Q. And that was all he said?

A. That was all he said.

By Dr. Bassett:

Q. You say you went in and gave him some water some little time before he died?

A. Yes, sir.

Q. How long did you say it was?

A. I don't think it would exceed fifteen minutes
766 before he was taken.

Q. When you gave him water did you raise him?

A. I put my hand under his head.

Q. Did you discover any cord or appliances about his neck then?

A. No, sir; I did not.

Q. Nothing at all?

A. Nothing of the kind.

Q. Then you went directly into the other room?

A. Yes, sir.

Q. Where did you sit down?

A. I sat right near the door.

Q. You were watching with him?

A. Yes; I was watching all the time.

767 Q. And then, after hearing that noise, you went directly to him?

A. Yes, sir.

Q. And gave him some brandy?

A. Yes; it was the first thing I did.

Q. When you gave him some brandy you raised him up again?

A. Yes.

Q. Was there any appliances about him then?

A. No, sir; nothing of the kind.

The Coroner: I suppose, gentlemen, you have been pretty well confined here, and you have more or less business to do. I don't propose to deprive you en-

tirely of everything. I think that we had better ad- 768
journ until to-morrow morning at half-past nine o'clock. I think it will be very well for this jury to adjourn and go to the Spaulding House and see that room, and you will then be better enabled to judge how the bed stood—the position of the rooms—of the bedstead, and the headboard and all that. Suppose we adjourn now and go up there ; we have got time.

Dr. Sherman : Excuse me ; if these gentlemen will come this evening, and at the same time see my microscope, as you have suggested, it would be better. My room is in that part of the house.

The Coroner : What hour ?

Dr. Sherman : Any hour that will be convenient for you, gentlemen ; I will have my room ready and 769
you can then see both.

Adjourned until April 26th, at 9:30 A. M.

BINGHAMTON, N. Y., April 26, 1879.

Hearing resumed.

Dr. Benjamin F. Sherman, sworn :

By the Coroner :

Q. Where do you reside ? 770
A. Ogdensburg, St. Lawrence County.
Q. What is your business ?
A. Practising physician and surgeon.
Q. How long have you practised ?
A. Something over 38 years.
Q. Was you acquainted with Walton Dwight, deceased ?
A. Never saw him, sir.
Q. Were you in the City, on last November, to witness a *post mortem* said to have been made upon the body of Walton Dwight ?

771 A. I was not, sir; I was never in the City of Binghamton but once until this week.

Q. You have read the report of the *post mortem* said to have been held at that time, have you not?

A. Yes, sir.

Q. And carefully looked over it and studied all its points?

A. I think so; tried to.

Q. Are you familiar with the pathology of persons dying from any disease; have you made many *post mortems?*

A. A good many, sir; I have made as many as country doctors usually do; perhaps more; I was a good many years coroner.

772 Q. When you was coroner, was you in the habit, when you called for a *post mortem*, of being present when this was being done?

A. Yes, sir; I have made a good many *post mórtems* for other coroners; I suppose rather more than the average of country doctors.

Q. How large is the City of Ogdensburgh?

A. About 1 ,000 inhabitants; they claim a little more than that, but I think that is what it is.

Q. Is the County a populous one?

A. It is, sir; quite so.

Q. How many years was you a coroner?

A. Nine years, sir.

Q. What years were these; were they consecutive

773 years?

A. Yes, sir.

Q. How long since your term expired?

A. I think, sir, in 1862; I refused to take it; I think my term expired in 1862—1861 or 1862—I think 1862, sir.

Q. Since that time, have you made many autopsies?

A. I have, sir.

Q. What was the character of the autopsies made?

A. Oh, those from sudden death.

Q. They have been mostly of that kind?

A. Yes, sir; not all of that kind; that is, those I

have made for the Coroner have been; I have made 774
autopsies of my own patients, and those of my colleagues, of ordinary sicknesses.

Q. Have you made *post mortems* of persons who have been drowned?

A. Yes, sir.

Q. How many, about?

A. I could not tell you, sir; not a great many, sir; the circumstances usually of drowning—if you have been Coroner long, you know—the cause of death is so evident that a *post mortem*, in the sense which you mean, is not necessary; that is, a dissection is not necessary; you understand how the public feel, and particularly the supervisors, about making those. 775

Q. Yes, sir; I am aware of it; in what manner does a person die who is drowned; what is that particular condition termed, in a pathological point of view?

A. Asphyxia, sir.

Q. What do you mean by asphyxia?

A. Asphyxia—the word means stopping of the pulse.

Q. In the broader sense of the term?

A. In the broader sense of it, it is a stopping of the breath?

Q. Supposing a person should be drowned, that is asphyxia, you say; supposing a person is strangled by a cord about his neck; explain to the jury, if you please, the difference between them in a pathological view; supposing it done in a violent way; the breath was stopped at once, or as nearly so as it would be if the person drowned? 776

A. And no other violence done, excepting to stop the breath?

Q. Excepting to stop the breath by a cord.

A. Why there would be very little difference, sir.

Q. Supposing, on the other hand, that a person was strangled when he was in an enfeebled condition, with low pulse, and the vital force enfeebled in any way, what would be the difference then; that is, he was

777 partially strangled and partially died from other causes, the vital force being lowered, and then this cord not applied so strongly that the cord alone produced death?

A. That is a condition, sir, that medical jurists, or Taylor, particularly—I don't know that others use the word—call a mixed condition, whereby the patient dies partly from asphyxia and partly death commences at the brain from the obstruction of the return of the blood from the brain; that is what Taylor calls the mixed condition; the anatomical changes would be different in a person dying of slow asphyxia, or where there was a little air admitted into the lungs, and one where it was shut off at once from any cause.

778 Q. Explain, if you please, the difference in the pathological conditions of something similar to that and drowning from slow drowning as a person coming up a great many times?

A. Please repeat the question.

Q. I desire to have you define the difference, in a pathological point of view, between a person drowning, and coming up a great many times, being some time about drowning, and that condition that we have just spoken of; just explain to this jury the difference in the pathological point of view?

A. I should expect—this is only from my pathological reasoning, sir.

Q. Very well; we don't expect you to tell anything you don't know.

779 A. Well, then, I say I don't know, because I have not dissected any such patients.

Q. Now, from reading, what would be the difference?

A. I say I should expect, as from the drowning there was no mechanical obstruction to the return of the blood from the brain, I should expect less lesions from the brain in the drowning than in the hanging or strangulation by the rope.

Q. Now, in partial strangling by a rope, under the conditions that I have named, what would be the condition of the brain?

A. Why there would be congestion and very likely effusion of blood.

Q. If it lasted long enough there would be effusion 780
of blood?

A. Yes, sir; there would be a clot in some part of the brain--most likely to be—while that condition I should not expect in the drowning.

Q. You would not expect to find rupture?

A. No, sir; I should expect simply the congestion more or less.

Q. In what condition would you find the heart under those circumstances?

A. I should expect to find it empty, sir, in the hanging and strangling under the circumstances you have named.

Q. Yes, sir; I am now addressing you on that point; how would you expect to find the walls of the 781
heart—congested or otherwise?

A. It depends entirely upon the length of time elapsing; I should not expect to find it congested, but if this continued many minutes, the heart still beating, I should expect to find the walls of the heart in a partially œnemic state or an empty state; not only its cavities empty, but the heart itself, muscles and tissue.

Q. How would you expect to find the lungs?

A. I should expect to find them congested, considerably so.

Q. Any portion of the lungs more in a congested condition than others; the upper or lower part?

A. I could not tell you, sir, from observation; I 782
should say the lower part of the lungs more than the upper.

Q. Why?

A. There is less elasticity there in the lower part than the upper.

Q. The cells are similar, are they not?

A. Yes, sir.

Q. Now, in that condition we were speaking of would you expect to find bloody mucus in the bronchial tubes?

A. I should, sir, expect to find mucus and bloody mucus.

783 Q. Would you expect to find mucus and bloody mucus in the person that had drowned under these circumstances?

A. We frequently do, sir.

Q. So that it is not necessary that there should be direct violence upon the throat to produce a bloody expectoration?

A. Oh, no, sir.

Q. I believe, doctor, there are three ways by which persons die in asphyxia; by the brain, the heart and the lungs?

A. Well, you would not call those all asphyxia, would you, sir?

Q. No, sir.

784 A. There are three great points at which death commences; all those organs are necessary for life, and death always commences in one or more of those points.

Q. Yes, sir; that is what I desire to have you state; you say you have carefully examined the autopsy as reported of Col. Dwight?

A. Yes, sir.

Q. In that autopsy, in a scientific or pathological point of view, does it disclose the cause of the death?

A. No, sir; I don't think that that answer hardly expresses my mind.

Q. You may explain it, if you please?

A. Well, taking that autopsy as it was, the first
785 sentence, which is the most important one, more than those after it, to my mind, discloses the cause of death, and with the first sentence, it seems to me plain; with the first sentence left out there is no cause of death, and that is what I would wish to answer; taking the first sentence out there is no reasonable cause of death.

Q. Will you state to this jury, doctor, if you please, taking this autopsy—

A. (Interrupting.) Allow me to change; I had not this in my mind; it is the second sentence; it is this: "Dr. Swinburne notes a heavy indentation around the neck;" that is what I mean.

Q. The jury will please to observe what that sen- 786
tence is. I will ask you, doctor, looking this over carefully as you have, what conclusions have you come to as to the cause of death upon Colonel Dwight?

A. That Colonel Dwight was hung; I think he came to his death by asphyxia, from a rope around his neck.

Q. Will you explain to this jury how you are familiar with the room in which he was, and explain to this jury, if you please, how you think that could have been done, or it was likely to have been done?

A. When I came here, I was shown the room where he was, and what was supposed to be the bedstead—the bed in which he laid—and I believe it has been proven since that it was; I have heard since I came 787
here, by different ones, the position he was in.

Q. Will you confine your testimony to what you have heard sworn to?

A. Yes, sir; that is what I mean; certainly so; I won't intentionally, go any further than that; I think that a rope or cord of some kind, larger or smaller; and, judging from the indentation that I saw upon the body that I examined here on Wednesday, I should think a cord, about the size of a sash cord, but from the description given by Dr. Swinburne, I should judge that the cord must have been larger, but at all eventy that cord was around the neck, and all that required was the simple crossing of the cord, and a loop thrown over one of those scrolls, on the top of 788
the bed, and a man need not setle himself three inches without producing strangulation; Colonel Dwight was found partially sitting up—bolstered up in bed as it is called; I have seen so many cases of suicide, the patients being upon their hands and knees, one horizontally, lying easily in bed, a simple cord around their neck, and hitched to the bed-post, that it seems perfectly feasible to me that a person could be hung or strangled in that way, and in my opinion that was the way.

Q. You would say, then, that that was suicidal asphyxia, doctor; I wish you would state to the jury what your opinion is in regard to that?

789 A. Yes, sir; my opinion is that it was suicidal.

Q. That it was done by his own hand, of course?

A. Yes, sir; that is my opinion.

Q. It is said, doctor, that Colonel Dwight was a very large, muscular man?

A. Undoubtedly he was, if this was Colonel Dwight's body, and undoubtedly it was.

Q. Would you not expect to find some abrasions of the skin from the rope, under the circumstances?

A. No, sir; not at all, sir.

Q. Do you know whether he had a beard under his chin?

A. He had, at the time of the *post mortem* examination, rather a small chin whisker.

790 Q. Would not that protect the throat some?

A. Oh, no, sir; I don't think it would; I should not have expected any indentation of the cartilages here, and supposing it was done as I have described, according to my own observation, I should not expect any abrasion or ecchymosis; Casper, whom you all know, probably stands at the head of medical jurists; he says in two-thirds of the cases—over two-thirds—there are no abrasions or ecchymoses, but the indentation perfectly white and bloodless; in my early study, and I guess it is the case of most of you, I was taught, because our observation and the cases were taken from criminal executions, that a patient—a person—being hung, the eyes were distorted, the face livid, the hands clinched, etc., but later writers, and closer observation

791 in countries where suicide occurs oftener than it does with us teach us different; that in these cases of suicide the cord is usually above—indeed, almost always above the larynx, above the cartilages, and therefore it is slow, and in the cases of suicide that I have observed the subject's feet are on the ground, and sometimes, as I have said—one case where the man, and he was a doctor, too, I am sorry to say, stood upon his hands and knees.

Q. Don't spare the doctors.

A. No, I wont.

Q. Under those circumstances the cord would be high up?

A. Yes, sir; above the cartilages. 792

Q. Now would there be a difference as to the amount of violence as disclosed on the neck, in a large or small cord?

A. I only—that is only from reasoning, you know; it is not from my observation; I should think it would be; that the small hard cord would produce more violence than a large soft cord, like a curtain cord, for instance; I mean these large cords, but that is not my own knowledge from observation; it is only from reasoning.

Q. On the ground of a sharp knife or a dull one?

A. Yes, sir.

Q. You would expect jarring or rupture of the vessels? 793

A. Speaking of violence, one case is reported by King, where the criminal was allowed to drop violently seven feet and a half, and still no abrasion or no ecchymosis.

Q. In Beck on Medical Jurisprudence, I believe there is a good deal of importance attached to the ring around the neck, the cord; Taylor I have not read much, recently; I have not observed that.

A. Beck, you know, has been dead a great many years.

Q. Still, there were a great many men died before him?

Q. Yes, sir; he used to be our authority, but he is not considered good authority now; while he was alive he kept his book up to the standard and revised it. 794

Q. But recent observations have changed the facts, have they?

A. Yes, sir; and in Europe, particularly, their opportunities for observation of that kind is much better than ours, and therefore, we refer to them.

Q. Exactly. Oh, Taylor is authority; no question about that; how do you explain away the fact that a man of his supposed muscular strength—that there should not have been more violence as disclosed by——

A. I don't think his muscular strength had anything
795 to do with it; the fact is, that he was not only a man of great muscle apparently, but a man of adipose matter all over him; in the original autopsy, I have no doubt that the fat upon the abdomen was nearer two inches thick than less; it was all of an inch thick while hardened here the other day; there was no reason why there should be violence because he was a muscular man.

Q. I like to have it explained, that is all; I do not——

A. Not at all; if you suppose that this was a suicidal hanging, then we will look for violence, of course—I would have said a homicidal—but a suicidal hanging, that supposes that the victim intends to do it, and in-
796 tends to do it in the most quiet way he can; all he had to do was to loop the cord over one of those scrolls and simply settle down and turn his head to one side or the other, and two or three inches settling in his bed would be all that is required.

Q. Do persons who strangle in that way soon lose their senses?

A. Very soon, indeed, sir.

Q. From what cause?

A. From the change of the blood; the change of the condition of the blood stupefying the brain; there is no question but what hundreds of cases of suicide are committed when the victim does not intend to at all; there are cases where they simply—and we often
797 know of boys trying the experiment after seeing a public execution, and a certain class of men and women have done it, having it in their mind, thinking they would try it a little, seeing how they would feel, and before they know it, they don't feel at all; it is very soon—it is the easiest way to die that we know of, and other cases, I have no doubt, where there was no intention on the part of the victim to commit suicide, but putting himself in that position, to frighten those about him for some ulterior purpose.

Q. Of course then that condition must have a direct effect upon the brain?

A. Yes, sir; it is the excess of carbon; the heart is 798
shut off, therefore the impurities of the blood are not thrown out and the oxygen not absorbed; the blood lacks what it receives from the air, and retains what it, in health, should give out to the air.

Q. Do you think that condition would produce paralysis of the brain to a certain extent?

A. It might produce paralysis of the brain; I don't think you would hardly call it paralysis; it is not coma; it is an insensibility; you could hardly call it paralysis; I don't think that that would be the name it should have.

Q. Do people die in a similar manner from coal gas?

A. Yes, sir. 799

Q. Carbon of any kind, that is, the carbonic acid inhaled in any way, would produce the same effect?

A. Yes, sir; that is pathological.

Q. Yes; I speak so entirely; did you ever know a case of bronchitis where there was a bloody expectoration?

A. Yes, sir; I think I have; I think I have, sir; I can't, in running it through my mind—I can't fix a case.

Q. Has your observation been such that your attention has been called to this point: a person dying from asphyxia—a mixed condition, as this is supposed to be—the lungs being tolerably heavy when an examination is made, and a long period afterwards – 800
three or four months—those lungs being then examined or weighed, that they have lost their heft to a very great extent; I refer to this in this way, that if the lungs have become much lighter under this condition than they would in any other?

A. You ask me if my own observation has been that.

Q. Yes, sir?

A. No, I could not tell you anything about that from my own observation; only from reading, and I say I have given especial attention to that point.

Q. You were present at the exhuming of the body said to be that of Colonel Dwight, a few days since?

801 A. Not at the exhumation.

Q. At the examination?

A. At the autopsy, I was.

Q. You took particular notice, did you, of the body?

A. Yes, sir; pretty sharp notice.

Q. And gave it a careful inspection?

A. As much as I could; I intended to, certainly.

Q. Did the body, at that time, disclose any form of disease that you observed?

A. No, sir; I could not tell; the only thing—the state of decomposition—it was in such an advanced state of decomposition, and still much better than you would suppose—the only organ that I could—the
802 heart was in a healthy state excepting the natural decomposition, and less of that than I should suppose; the spleen was, I should say, considering the four months, healthy; the liver, portions of it, we should say, looked healthy; it cut healthy, taking into account the time.

Q. About five months, I think?

A. Yes, sir; and of course there might have been a good deal of disease in the lungs, and from the examination that I made, and portions of the lung that I cut into, considering the time, looked healthy; that is the most I could say.

Q. Were you present at the examination of the spinal cord?

A. Yes, sir.

803 Q. Did you notice anything peculiar about the membranes of the spinal cord?

A. No, sir; nothing peculiar that I considered pathologically.

Q. No effusion?

A. No, sir; there was no effusion; no, sir.

Q. What was the condition of the cord?

A. The cord was softened; the cord particularly; there was blood around the cord, but no more than would be from a *post mortem* of congestion, or hypostatic congestion.

Q. No effusion, I understand you to say?

A. No, sir.

Q. The membranes at that time, did they appear to be healthy? 804

A. Yes, sir.

Q. In what place in the cord did you examine?

A. Mostly the dorsal portion of it; it was quite difficult to get at that of the cervical, and I thought we should find the healthiest portion the dorsal; if the dorsal portion was not in a condition to harden for microscopical examination, the rest of it would not be.

Q. What sized body was this?

A. A large body; a large, powerful man; he must have been a very powerful man, physically.

Q. Did you measure the length?

A. Yes, sir; the length was measured in my presence. 805

Q. Do you remember the length?

A. Yes, sir; it was six feet, one inch and seven-eights; I have the notes, but that I am sure is correct.

Q. Was it a large head, or a small?

A. I considered it a small head for the size of the body; from my observation of mind, a small head for the size of the body.

Q. What was the color of the hair?

A. It was brown, slightly streaked with white, or considerably, not very much; the beard was sandy, streaked with white.

Q. You took some casts there, or you made some molds? 806

A. I assisted; I hardly thought I took them; whatever I did, I did in the capacity of an assistant; there was a good deal of work to be done, and some that to some people is unpleasant work; it has been my way in life to lend a hand when necessary; I assisted Dr. Swinburne and Dr. Burr; we all worked together and took some molds of the neck; I took wax casts of the jaws, of the upper jaw; I took a good cast of the jaw and teeth; the lower jaw being of a peculiar shape, very peculiar, my mould was hardly fitted for it; I got a cast of the jaw and of the back teeth, but not of the front teeth.

807 Q. Were the teeth loose?

A. Yes, sir; quite loose; at least they came out easily—so much so, that in taking out my wax casts of the upper jaw, one of the teeth came out with it, and in getting my wax in to take a cast of the lower jaw, some of the lower teeth came out, so that I had to put them in, and that is one reason why I did not get a cast of the front teeth in the lower jaw; they are quite prominent and are of a peculiar shape; it is what I call a squirrel jaw.

Q. Doctor, did you notice anything peculiar about the neck?

A. Yes, sir.

Q. State to this jury, if you please, what it was?

808 A. I think Dr. Burr took the collar off; it was a turn-down collar; not a stand-up collar like this; Mr. Dwight's neck was a very fleshy neck and a very short one; the collar had made, right along on the ridge, on the jowls here, the jaw, had made a ridge or indentation like a swelling, like pressing the body up like that, and in swelling and dropping over it; it was very distinct where the collar was; below that and around the neck, commencing, as near as I could tell, the bones not being there, at the right side at the hyoid bone, extending back at an angle of 40 or 45 degrees, was a deep indentation, and coming around upon the left side the same and a trifle lower; the indentation upon the right side was broader than upon the

809 left; on the left side it was narrower and deeper; as I noted in my notes—or I was not taking notes at that time; I asked my colleague to note it, and I took it from memory afterwards; put it down; this indentation, intending to keep it entirely within its size, I noted it at from a quarter to a half an inch broad, and from an eighth to a quarter of an inch in depth; I think it is more than that; but that is what I have in my notes, intending to keep it entirely within the bounds; that indentation in all the handling of the body still remained, and will remain; twelve months from now disinter that body, and you will find that indentation

there; the warmth of the plaster, and the handling, 810
the mark of the collar long before we left was entirely obliterated; there was nothing of the kind, while you will remember the last thing before the body, when we had got done examining the spine, was put into the coffin, I called attention to that indentation; it was as plain and distinct then as when the body was first exhumed.

Q How do you account for that former indentation remaining there, and those more recently made going away, and the former one remaining?

A. The former one was made while the person was living, and was made in a different way; this was hardly an indentation, it was the mark of the collar, as I said; probably there had been, although the face 811
did not show it now, swelling of that face after the collar was put on; it looked like that to me.

Q. After a collar had been put on to dress a person for the grave, there would be no warmth in a body?

A. No, sir.

Q. How do you account for the swelling without some activity of the vessels?

A. Oh, gases, sir; it don't require activity of the vessels; bodies swell, sir, and even burst after they are dead.

Q. Would it swell particularly about the jaw, here, and not down where this indentation was?

A. I don't know that it would, sir.

Q. Wouldn't the same causes acting upon this up 812
here, affect this original indentation, as you call it?

A. I don't know, sir; I don't know how it could, as there was nothing there to interfere with that; if the neck swelled, it would all swell; the deep part of the indentation, and the borders would swell alike; I don't know that this mark of the collar was made as I say it was; I am only telling what it appeared to me; and I observed that the handling of the body as we put plaster on twice in front, and twice back, and then turned it on the face, I observed before I left it, that there was no indentation or mark where the collar was at all; I would not call the mark where the collar was

813 an indentation by any means, but it made a mark that you could see.

Q. Was this indentation as plainly to be seen directly in front here as it was upon the sides?

A. No, sir; I could not say that there was an indentation in front, sir.

Q. What would be the cause of there being no indentation in front?

A. The cartilages.

Q. A difference in the tissue?

A. Yes, sir; and then if there had been a slight indentation which would have been observed by close examination and dissection at the former autopsy, to a certain extent—it had been cut open and the larynx,
814 all those cartilages, and the windpipe and tongue taken out, and stuffed with cotton and sewed up, and a slight mark which might have been proved and easily observed by the first autopsy, would not be likely to be now.

Q. Did you observe the tongue?

A. I barely saw it, sir; I would not say that I observed it.

Q. You would not say you examined it sufficiently to speak positively?

A. No, sir.

Q. Did you examine the trachæ?

A. No, sir; I could not say that I examined it; the tongue, larynx and trachæ were taken out; that is,
815 out of the cavity of the chest, and I cut it, or Dr. Burr did, in two; I took the lower portion and put it in a jar, and I supposed that Dr. Burr took the other, that that had the tongue attached to it; that was the amount of my observation of it; I didn't look at it at that time.

The Coroner: Dr. Bassett, you may ask Dr. Sherman any questions you desire.

By Dr. Bassett:

Q. Dr. Sherman, as I understand you to say, Colo-

nel Dwight was destroyed by a cord around his neck? 816

A. That is my opinion; yes, sir; a cord, or rope, or something of that kind; perhaps to cover it—but that is not particular—a ligature.

Q. You mean suicidal strangulation?

A. Yes, sir.

Q. Now, this neck—was it as large after removing that tongue, and larynx, and trachæ at the autopsy—was it as large as before?

A. I could not tell, doctor.

Q. In your opinion?

A. It might be larger; they stuffed it with cotton, and of course it was their intention, and I should say while they might stuff it with cotton and stuff it as full they would not be likely to stuff it fuller, and then the cotton would settle some, and then it would be likely to be smaller; but that you know is only an opinion; they might stuff it so that it would be larger. 817

Q. Now, if this man was strangled by this cord, by his own hands at 45 degrees—bolstered up to that degree—wouldn't this cord when attached to the top of this bedstead, would it not have drawn the cord up under the chin above the os hyoides?

A. I think it would.

Q. Wouldn't the obliquity of it been greater than it was at the time he drew the cord around, if so?

A. I don't know.

Q. Wouldn't the back part been drawn up to make the obliquity greater? 818

A. It might have been, and might not; I don't think it would necessarily be.

Q. Don't you think that cord would slip from the os hyoides up under the chin?

A. No, sir, I don't; in taking the position I described here, and as I believe was the fact, there was no great force; there was very little force; only a small portion of his weight, a mere settling down in bed; I don't know but the cord was tied, a simple knot; but if the person was in a hurry it did not need tying,

819 it simply needed crossing it, that was enough, and throwing the loop over.

Q. If they crossed it, it would be rather loose of the two; it would not be tight?

A. It would not be tight, but a very slight settling of a body of the weight of that would tighten it.

Q. What I mean is, if it were loose, as you admit, that cord being attached on this head board, at quite a distance, that would be a different position from that which it was around the neck?

A. Yes, sir.

Q. It would be almost an angle herefrom where it started.

A. Yes, sir.

820 Q. When he settled down, wouldn't that cross and draw towards the head?

A. Yes, sir; naturally would.

Q. In doing so, would it not draw the cord up under the chin more?

A. It might do so, but I don't think it would; there is a soft spot, you know, between the os hyoids and the cartilages of the larynx.

Q. Did that indentation correspond exactly with this space between the cricoid and the os hyoides?

A. I don't know; I can't say it did, because those bones were not there; I could not see it, or tell; in my evidence I only approximated it, because the bones, not being there, I could not tell.

821 Q. As long as this is a theoretical thing, I want to come at the facts if I can; you were not there, as I understand you, at the first autopsy?

A. No, sir.

Q. Know nothing about that?

A. No, sir; only what Dr. Swinburne has sworn to, and this public statement; that is all.

Q. Now, would you suppose the neck was as large after the tongue, larynx and trachea had been removed, as it was before?

A. I say it certainly was not—unless they stuffed it as large—as a matter of course, for they did not stuff it as large——

Q. You saw the collar removed? 822

A. Yes, sir.

Q. Was that loose or tight?

A. Neither.

Q. You think not?

A. I say neither; I wouldn't call it either loose or tight—fastening behind it certainly was not tight; fastening behind it was very light.

Q. The collar was a loose collar, was it not; that is, not attached to the shirt?

A. Yes, sir.

Q. On the shirt collar there was another band, a narrow band not wider than a ferrule?

A. Yes, sir; yes, sir.

Q. It was not half an inch wide, was it? 823

A. Yes, sir; I should think it was more than half an inch wide; a narrow band, five-eighths at least.

Q. How near did that band of the shirt come to this indentation that you speak of?

A. An inch and a half or two inches; I should say certainly an inch below.

Q. Would you think it as much as that?

A. Yes, sir; I think it was; the band of the shirt below the indentation; I think an inch below, and either that—I didn't observe closely at that moment; I am giving you this from recollection; but I should say an inch below.

Q. Now, would not the gases arising from decomposition increase the dimensions of that neck and throat around these things, the band of the collar and the band of the shirt? 824

A. Well, you know the gases had a free escape, that would generate in the cavities.

Q. Make it softer—the decomposition?

A. Yes, sir; certainly so, and still the cuticle was hardened in most places.

Q. On the neck?

A. I don't—well, it was not softened; I don't think it was hardened; but in many places it was not like parchment, and the cuticle in this indentation was hardened; it had a parchment-like fold.

825 Q. What was the color of it?

A. The color did not differ from the rest of the neck; the rest of the whole neck was dark; one side, I mean; at the last autopsy, I mean; the whole neck was dark; not black, but dark.

Q. Was there any portion of the cuticle in that indentation removed?

A. No, sir.

Q. Not at all?

A. I didn't see any at all.

Q. Was not there any on the left side?

A. I don't think there was; I didn't see any.

Q. You are positive of that?

A. I didn't see any; I don't think there was; I had
826 my finger in it, and there was a hard parchment-like feel; I didn't see any.

Q. Was there any indentation on the skin in front, over the os hyoides?

A. I didn't see any, sir; that is, where the os hyoides ought to be, you mean?

Q. Certainly; at the time, of course, that he was strangled, according to your opinion, the tongue, larynx, and trachæ were there, and a good deal of the cellular tissue?

A. Yes, sir.

Q. Now, if that cord had made an indentation around the neck, is it not proper to suppose that it would have made some indentation in the skin over
827 the os hyoides?

A. It does not, very often, and I think that there was originally; but I say there was none that I could see at the last one.

Q. If the indentation remained in the skin on the side of the neck, is it not right to suppose that the indentation remained in the skin over there, if there had been any?

A. If the indentation over the cartilages had been very slight, only what could be observed by very close observation, as the whole indentation, according to Dr. Swinburne's testimony, has been changed one-half at least, and the cutting through the neck, taking

out the larynx, trachæ, os hyoid, and the tongue, then stuffing it and sewing it up, would, in my opinion, obliterate—if there was any such thing as obliterating—at least would obliterate it so that we would'nt observe it in the condition in which this body was in. 828

Q. On the same process of reasoning, why would it not be obliterated on the side of the neck?

A. The trachea was not taken out at the side of the neck; it was not cut off nor sewed up.

Q. But in removing the tongue there was a good deal of the cellular tissue taken out with it?

A. Yes, sir.

Q. Would'nt that side of the neck collapse in proportion to that removed?

A. No, sir; there is not anything in the side of the neck; the tongue is not in the neck—is not in the side of the neck; you take out cellular tissue, you simply remove something from the inside; but the whole muscle, the whole adipose, and the whole cuticle is there intact as it was made; there was nothing done to obliterate the indentation on the side of the neck. 829

Q. If he was strangled, as you suppose, what would be the condition of the lungs?

A. I should expect to find them full—congested and full.

Q. That is, in this mixed condition that you speak of?

A. Yes, sir.

Q. In this condition, would you find any abnormal appearances on the surfaces of the lung—the external surfaces, the upper portion? 830

A. You might find some portions more discolored, some spots more congested and discolored than others; I think you would be very likely to; that would be the whole general appearance, but there would be some spots that would show more than others.

Q. Any other?

A. No, I don't think you would; you would find the lungs full—the lungs œdematous, as described here; in a state of congestion.

Q. Would you find a rupture of the cells?

831 A. Wouldn't expect to, but you might some.

Q. Do you sometimes?

A. Yes, sir, you do sometimes.

Q. Now, I understand you to say that in all such cases, mixed cases, from strangulation—that is partial —I understand you that there might be a partial breathing?

A. Yes, sir; according to this autopsy, I think there was air admitted, I think the strangulation occurred slowly.

Q. Now, what would you, under those circumstances, if you were called to make an autopsy on a body which had been strangled in that way, what would you expect to find, what pathological condi-
832 tions?

A. I should expect to find the spots upon the shoulders and arms; I should expect to find the brain more or less congested, and very likely a clot in it somewhere; I should expect to find the lungs and all the external organs, liver, spleen and kidney in a moderate state of hyperæmic congestion; I should expect to find the heart empty, or nearly so, and should expect to find the blood fluid.

Q. That is in a case where there is breathing, a partial ingress of air?

A. Yes, sir; if the strangulation occurred suddenly, as the coroner asked me at first, a cord put around the neck with that amount of violence that the air
833 was shut off; I should expect to find the right side of the heart full and the left side empty; but there being a little air admitted all the time the right side of the heart was able to free itself.

Q. What color would you expect to find the blood?

A. Dark and fluid.

Q. On what account?

A. On account of the carbon, on account of the blood not being purified; the blood does not get rid of its impurities and does not receive the vitalizing properties of oxygen, and it is dark and fluid; it does not coagulate; that same condition, of course, is found under other circumstances, where there is an excess of carbon in the blood, no matter what produces it.

Q. Now, in a congestive chill, would the breathing be as free and as natural as in health or ordinarily speaking? 834

A. I never saw a congestive chill; I have seen very severe chill, and the patient breathes——

Q. Well, take that case?

A. The patient breathes as free as anybody.

Q. Is there not a little hurried breathing some times?

A. Yes, sir; hurried breathing.

Q. Are they not depressed by this poisonous condition of the blood?

A. Well, sir; what poisoned condition?

Q. Malarial poisoning; are not the powers of the system depressed by this poison? 835

A. By malaria?

Q. Yes, sir.

A. As a general rule, I think they are some.

Q. Have you ever seen; do I understand you to have ever seen a case of congestive chill?

A. No, sir; never.

Q. Now, reasoning from analogy, you say in common chills that you have seen, they are depressed, the breathing is free but not as deep, you don't inhale as much as in health; do I understand you?

A. I thought you hadn't finished your question.

Q. Yes, sir; I ask you this question: that in a chill their breathing, you say, is free?

A. It is free, it is rapid, and there is, of course, in a chill, such chills as I have seen from pyæmia or from malaria, there is more or less congestion of the internal organs. 836

Q. If there is a depression of the vital forces you speak of in ordinary cases?

A. Well, I——

Q. Wait until I get through with the question; as I understand you, in a common chill the vital forces are more or less depressed, and they breathe naturally but don't, perhaps, inhale at much oxygen into the lungs as ordinarily in health, do they?

A. I think not, sir; because I think there is more or less congestion there.

837 Q. Now, reasoning from analogy, in a case of congestive chill where the powers of life are more depressed than in an ordinary chill, wouldn't the breathing become more difficult, and less and less oxygen inhaled?

A. I don't why it would not; don't know whether it would or not.

Q. What would be your opinion?

A. Well, I don't think I have an opinion, sir; I don't know anything about congestive chills, except what I have read about them; I don't think you should use the word "congestive" chill. There is no writer, to my knowledge—perhaps they do—that uses that word; it is a pernicious chill, it is a malignant
838 form, just as we have of scarlet fever; while we may have an epidemic, of scarlet fever, while a majority of the cases are tame and mild, you occasionally have a malignant case, perhaps have one case in a family, while others are mild, and some seasons we will have a majority of them so; as I understand by my reading—that is the fact with pernicious chills; there are some regions in the far Southwest where there are a good many cases, and occasionally a case showing itself at all times in that region only; that is according to my reading, not my observation; I have no knowledge of pernicious chills from my own observation.

Q. Then, in this pernicious chill, if you choose to
839 name it so, where the breathing is oppressed and the powers of the system gradually diminishing, as I understand you, they would not inhale as much oxygen and throw off as much carbon as in health?

A. I should think not, if there is congestion, and I suppose there is; this is one of my suppositions; I don't remember ever having read an autopsy of a case dying of pernicious chill; I don't remember of having done so.

Q. Then, in that case, wouldn't the blood assume the same condition that it would in cases of partial strangulation?

A. No, sir; I think not.

Q. I will ask you another question: Now, in this case of pernicious chill, the breathing is very much oppressed, as I understand you? 840

A. No; you don't understand me; I have not said so.

Q. I understood so.

A. I have not said so in any form.

Q. Do you say it?

A. No, sir; I don't know anything about it; I never saw a pernicious chill.

Q. We were reasoning from analogy, I thought?

A. A pernicious chill, I suppose, is worse, longer, and more severe, and followed with much more severe symptoms after it, than an ordinary chill; that is simply from my reading, not from my observation. 841

Q. If so, as I say, would there be as much oxygen taken in, or as much carbon thrown out, as in the other?

A. No, sir; I suppose not.

Q. Would the blood become poisoned by it?

A. More or less so; but you asked me if it would not be the same as strangulation; I say no, sir; because——

Q. Similar, similar?

A. So far as it went it would be; but in these cases, persons with a pernicious chill breathe all the time.

Q. Partially?

A. Well, breathe pretty well, I judge from the cases I have had of severe chill; I have never had any apprehension of my patient's dying from syncope in 842 chill, and I have had some pretty sharp chills.

Q. But, as I understand you, the chills that you have seen were nothing only ordinary——

A. They were good, sharp, intermittent fever chills; I have seen a great many of them.

Q. But not of pernicious chill?

A. Never saw one, sir.

Q. That is what I want to get at; well, I will ask you the question in this way: in a pernicious chill, in your opinion, would the blood be properly decarbonized?

843 A. No, sir; I don't think it would.

Q. Well, if it were not properly decarbonized, what would be the pathological condition of the organs?

A. It would depend upon what extent; you see there were a number of persons in this room yesterday; our blood was not properly decarbonized: still we did not have congestion of the lungs, but some of us had headache; it is for that reason—it would depend upon to what extent that property of decarbonization is carried; if it is carried to the extent of cutting off the air, and entirely poisoning the blood, you will find it, of course, in the same condition that you will have the effect produced from any other cause; but I don't believe but that in a pernicious chill the patient
844 breathes; I never saw one; I never saw any evidence in my reading but what they do.

Q. Certainly they breathe, but is it not impaired?

A. Undoubtedly, undoubtedly, and so the breathing in pneumonia is impaired, but we don't find the blood fluid; after pneumonia a patient may die of double pneumonia, one lung congested and the other partially so, and the patient dies, and he gets too little air, but we don't find the blood fluid—the blood coagulates after pneumonia—so, in my opinion, with people after a pernicious chill.

Q. In this pernicious chill which would be the first organ to die?

A. I don't know, sir.

845 Q. Which would be the last?

A. The heart would be the last, of course, it always is?

Q. If that were the last organ to die that would be acting and contracting, pumping the blood as fast as it could in proportion to its strength into other organs of the body?

A. I don't know how long that would live after the other organs died.

Q. But in proportion to the weakness of the heart, understand, because the powers of life would be depressed, would they not?

A. In proportion to the weakness of the heart, or

don't you mean to put the question the other way, 846
that the heart's powers would be in proportion to the vital powers, as they would be depresssed; is not that what you mean?

Q. No; I asked you this question: which would die first; then I asked you if the heart would be the last; you said it would; then I asked you this question: if the heart kept on in this way, as the powers of life diminished, it would be pumping the blood into the organs?

A. As strong as it could, of course.

Q. If the lungs die before the heart, then you would suppose, would you not, that they would become engorged?

A. Please tell me what you mean by the lungs dy- 847
ing?

Q. The vital forces cease.

A. When they have ceased to breathe then they don't admit air any longer; then, of course, the circulation of the blood can't go on.

Q. But the heart may still beat a little and keep throwing it in?

A. How can it, if the lungs are full; how can it throw any more in there?

Q. They may not be at that time?

A. They certainly would be, when the heart is pumping, and the patient has stopped breathing; it can't be otherwise.

Q. What condition, then, would you find the lungs 848
in?

A. The lungs congested; you would find the right side of the heart full; find the blood coagulatable.

Q. What would be the difference then in that case, with the lungs of one that was strangled?

A. I should think a very little difference; I don't know as any.

Q. Then if that is the case, you would expect to find the pathological conditions of those internal organs about the same in each one?

A. No, sir; by no means; I didn't say that, sir, at all.

849 Q. Please to explain?

A. I said you would find the lungs the same; I just said a moment ago, you might find the right side of the heart full, and the blood coagulatable, and in strangulation you would find the right and left sides of the heart both empty.

Q. Empty?

A. Yes, sir; or nearly so; in this case I believe you would find the right side of the heart full, reasoning from your pathological condition; I am very sure you would.

Q. In this case, if I understand you and the other witness, in the left side of the heart there was grumous blood?

850 A. A little on both sides, according to the autopsy, but it was dark, grumous blood—the blood was all fluid.

A. Very well, under those circumstances, as I asked you the question- what would be the difference, either from a pernicious chill, or partial strangulation? That was the question I asked?

A. So far as the lungs, you would find the lungs in the same condition, but in a pernicious chill—you mean slow strangulation?

Q. That is what you term it?

A. I didn't use the word partial; in slow strangulation.

Q. In slow strangulation—I am not particular about the term?

851 A. Yes, sir; it means differently; in partial strangulations they don't finish it; if it was slow strangulation, I believe in one case the patient breathes all the time; in the other case the patient stops breathing; therefore, the heart empties itself, and little air is admitted.

Q. The heart then is the last to die?

A. Yes, sir.

Q. In a pernicious chill it would be the last thing to die, would it not?

A. I think so; I think so, but I don't know; I don't know, I cannot tell yet; I have not read enough, at least

I have not seen cases enough; I don't know but a 852
pernicious chill produces—if the death was sudden in a pernicious chill I should expect to find it commence at the brain; I should expect to find a state of hyperæmia at the base of the brain, amounting to apoplexy, and perhaps expansion at the base of the brain if the patient died suddenly; if the patient had a pernicious chill and didn't recover from it—and this is not my personal observation—I would expect him to die like a cholera patient in collapse; die from the giving way of the vital forces; the continuation of the chill, not in five, ten, fifteen or twenty minutes, but in hours; I don't think there are any cases, not to my knowledge, of pernicious chill producing death in any number of minutes; the time is measured by hours, 853
where recoveries do not take place.

Q. In slow strangulation, where it is slow, wouldn't they be some time in dying?

A. I should think so; you know they do die in a very few minutes.

Q. That is why I asked you the question; what difference would there be in the blood of the one and the other?

A. It is just because I think one breathes longer than the other, and if they breathe longer they purify the blood more; if a man is in a pernicious chill, and dies from obstructing the breath, if he dies in the same pathological condition, of course there would be no difference; I can't conceive how they can do so; a 854
pernicious chill is something I am not competent to talk about; I never saw one, and all that I know, and I never expect to see one, and I don't expect that any of the gentlemen here will see one either.

By Dr. Spencer:

Q. Doctor, I would like to ask you, can you account for the *post mortem* appearance reported on the first autopsy on any other hypothesis than that of suicidal strangulation?

A. I cannot, sir; I tried to, sir; I was requested to, sir.

855 Q. If Mr. Dwight died in a pernicious chill, do you think the changed condition of the internal organs, and the blood, could have taken place in the short space of time that elapsed from the last time Mr. Hull was in the room to give him water, and the time he died—as he states, fifteen minutes?

A. Well, no; I don't think it could, and I think from reason, and not from observation, I know they could not; as they say a pernicious chill produces a condition that would last a good while.

By Dr. Andrews:

Q. We have heard it stated here, repeatedly, or several times, that the heart was the last of the three
856 organs to die of that tripod of life, as it is called; do you know that such is the case?

A. No, sir; I don't.

Q. Do you think it can ever be the case, that it can be the last to die?

A. Yes, sir; I don't know; reasoning from observation, as we have all stood over death beds a great many times, the patient breathes after we have had no external evidence of the heart's beating, either the pulse or the heart; I don't know that I ever put my ear to the heart of a dying patient, but we all know that long after the heart ceases to beat in many patients, sufficiently to detect it in any of the arteries withinour reach, the patient will breath, and after it
857 beats so that it is perceptible to the hand.

Q. Do you think there could be any pulsation of the heart, or any respiration after it was entirely severed from the nervous system, by the death of the nerve centres?

A. No, sir; I don't.

Q. Loss of vital action?

A. Yes, sir; that is severing the medulla oblongata; no, sir, I don't, if that was done from any cause.

Q. If the severing of the medulla oblongata would destroy it, if the nerve centres were destroyed by any other process, disease, or otherwise, could it continue?

A. No, sir; I don't think they would. 858

Q. Then wouldn't the nerve centres be inevitably the last to die, instead of the heart?

A. Yes, sir; I think you are right, sir.

Q. Doctor, have you ever known a sudden death—of an individual dying almost instantaneously—after convalescence, or apparent convalescence, from diphtheria or scarlet fever?

A. I have not in my own observation, but I know, I think, in my neighborhood that has occurred, but not in my own observation; I know it is recorded as such.

Q. You know by record, either from medical gentlemen of your acquaintance, or from books, that such occurrences are not unfrequent? 859

A. Yes, sir.

Q. That a child, or an adult may be convalescent apparently for several days together, and about the house, be dressed, suddenly fall dead and drop?

A. Yes, sir; I have known of such cases in my neighborhood; not knowing them positively of my own observation–but knowing of them in my neighborhood.

Q. Would death, occurring under such circumstances, in your opinion, be caused by the insensibility—I mean insensibility to the practitioner—because it is working insensiby upon the nervous centres?

A. Yes, sir; I suppose those persons die of what we call syncope, but the point is the nerve centres, where it takes its origin.

Q. Do you think it would be impossible for a person who has been laboring under intermittent fever of a violent character, of a pernicious character, reduced in strength, weakened, prostrated, to die under such circumstances; I mean in your judgment, not from what you know, perhaps? 860

A. Well, I can't answer excepting from what I know, and I should think it impossible; that would be my answer.

Q. I notice Taylor in jurisprudence, this quotation, "if the body of a person is allowed to cool with a "handkerchief, band, or tightly fitting collar around

861 "the neck, a mark resembling that of strangulation "will be produced." I will read here, 412th page of this book, Taylor on Jurisprudence, by Reese, "And "it is worthy of remark that when the ligature "presents any knots or irregularities, those portions "of the skin which sustain the greatest compression "are white, while those which are uncompressed are "found more or less ecchymosed. It is in this man- "ner that the form of a ligature is sometimes accu- "rately brought out. It may be remarked that these "depressions produced by the cord, that the "characters which they present are the same, "whether the hanging has taken place dur- "ing life, or soon after death. The appearances may
862 "be similar in the two cases. The experiments per- "formed on dead bodies by Caspar and other ob- "servers shows that the ordinary or non-ecchymosed "mark caused by hanging during life may be by a "ligature applied to the neck of the subject within two "hours or a much longer period after death. Conse- "quently, the presence of this mark on the neck is no "criterion whether the hanging takes place during life "or after death. The changes in the skin beneath the "mark are also destitute of any distinctive characteristic. "There is the same condensation of the cellular mem- "brane whether the hanging has occurred in the living "or dead. These changes are the simple result of a "physical cause—mechanical compression." What I
863 wish to ask now is, how would you determine by the appearance of that indentation, that the mark was produced immediately before death, or immediately after death?

A. I could not, sir.

Q. You could not tell when it was produced?

A. No, sir.

Q. As to whether before or after death?

A. No, sir.

Q. Do you know of any way by which it could be told?

A. I don't sir.

By Dr. Esterbrooke: 864

Q. Have you a record of the autopsy, Doctor, there?

A. Yes sir.

Q. Please read that second clause you speak of?

A. "Dr. Swinburne notes a heavy indentation, ex-
"tending upwards and backwards from the os hyoids
"to right around back of neck, and on left side below
"the thyroid cartilage, running upwards and back-
"wards at an angle of about 45 degrees; Drs. Swin-
"burne and Ayre think this is caused by the bending
"of the head and neck backwards."

Q. Suppose you extend this line on the left side around over the bottom of the thyroid cartilage, and then drop a line vertically, from a line on the heart, commencing on the hyoid bone, what would be the distance between this about? 865

A. An inch or more.

Q. Would it be possible for a ligature to pass around the neck, and in the short distance between those two points, to make an indentation on the left-hand side, an inch below that on the right?

A. I wouldn't think it would, sir; it would take a pretty sharp angle.

Q. Did you notice the condition of the back of the neck, at this last autopsy?

A. Yes, sir.

Q. Did this line extend around the back of the neck? 866

A. I could not see that it did, sir, when the body was turned over.

Q. What is your theory of the application of the ligature in this case?

A. It was applied in front—the ligature entire in front—and came together on the back side, and that the force was from the back in this manner (folding his handkerchief) so; (illustrating it) crossed or not crossed—either one—not necessary to cross it; my opinion is that Dr. Swinburne put the left side, going below the thyroid cartilage.

Q. Is not that on record?

867 A. Certainly so; that is the record.

Q. Do you think anything applied loosely, if you said not even necessary, as you say, to cross it, on the back of the neck, do you think any such ligature would have remained below the thyroid cartilage, and still one portion been up here at the hyoid bone on the right hand side?

A. No, sir, I don't; a ligature, a little changed in the position of the neck, would make a difference in the angle in front; I don't think that the ligature would slip up; certainly not, if the ligature was a rope, such as it looks to me that it was.

Q. You think it possible, do you, that the same cause which made this indentation—that is, a rope or
868 a fillet—made this indentation on the left side of the neck, to have made the indentation on the right?

A. As I saw it.

Q. According to ther ecord of the previous autopsy?

A. I think that the angle between those two points would be pretty sharp; I don't think I could get them down there, and still you might place a person's neck in a position by his head dropping over to the right, that would do it; but as I saw it on the neck, the same ligature that made the indentation on the right side, would make it naturally on the left.

Q. You think there is quite a possibility, do you
869 though, for the displacement of those parts interiorly; that is, I mean by the stuffing in of the cotton.

A. Well, sir; I don't know, of course there is.

Q. Do you call this a case of slow strangulation?

A. Yes, sir.

Q. Is it probable, that in a case showing so little marks of external violence—a case of slow strangulation, as you say—no lividity of the face, protrusion of the tongue or eye-ball, no ecchymosis—that violence enough was used to rupture the blood vessel, and so produce an effusion of blood upon the brain?

A. It does not require violence to do that; simply an obstruction; the lungs were receiving no air, the heart was acting, and this very ligature as you all saw pressed upon the returning vessels from the brain; it

don't require any violence to produce that; simply the 870
blood went to the brain faster than it could get out.

Q. That being the case, would there not have been some lividity of the face.

A. Not necessarily, sir; while the patient was breathing.

Q. You would get internal congestion without any external whatever?

A. They do so.

Q. The external vessels, in other words, would not be pressed upon as much as the internal?

A. The vessels particularly pressed upon would be the carotids—the vessels coming from the brain— 871
that is what produces what Taylor calls the mixed condition.

Q. You would get no pressure on the jugular?

A. I beg pardon—I used the wrong word; I meant jugular instead of carotids; the pressure is upon the vein more particularly than upon the artery.

Q. That would not affect the color of the face particularly?

A. No particular reason why it should.

Q. Would a difference in personal habit and temperament make any difference in this congestion of the face at such a time?

A. I cannot tell you, sir, whether it would or not; I have not had observation enough and don't know.

Q. Would you suppose that in a person of sanguine 872
temperament with naturally a flushed face there would be more lividity than an ensanguined face?

A. I don't know that there would if the circulation was rapid; I should expect to find a livid face; you spoke of habits; if I had a whiskey soaker, and a whiskey face for a patient, I should expect a little obstruction would make his face livid, but take a person of sanguine temperament I should not expect it to do so, sir.

Q. Is it the experience of other pathologists, that you may be acquainted with, that an effusion of blood upon the brain is common in this slow strangulation?

A. Well, I don't know as I can tell you sir, whether

873 it is common or not; it is, yes, common; it frequently occurs.

Q. Is it common in homicidal strangulation?

A. I don't think it is; not so common as it is in—in homicidal, did you say?

Q. Yes.

A. Yes, I think it is.

Q. More so than in this mixed condition?

A. Yes, sir.

Q. Shoud you say it is common in these mixed cases?

A. It is frequent; I don't know as the word common would hardly express my idea.

Q. You spoke of a person whom you found in bed
874 strangled; was there an autopsy made in that case?

A. No; when do you mean—last evening?

Q. No; here in your evidence while the Coroner was questioning you?

A. I think not sir; I don't think I spoke of any such thing; a person being found in bed did I?

Q. I think so, I think that you spoke of finding a person lying in bed.

A. I told you last evening of a per-son that was———

Dr. Andrews: (Interrupting.)

Q. I understood you to say so, lying in bed with the knees on the bed?

A. I certainly did not have any such meaning; was
875 it a Dr. that I said; I told you last night of a case that had occurred within my own neighborhood that I only knew from report, that the patient was lying in bed, and was strangled from a rope around her neck and hitched to the top of the bed-post, but I did not see it, and I think the notes will not say so; I said I saw one patient that was upon his knees and hands; that was in my testimony; I am very confident, I did not put the other in, for it was only hearsay and I did not intend to; the other I knew; I remarked that it was a Dr., and the Coroner said not to spare the doctors; I think you have got the conversation.

Dr. Andrews: I would like to ask the reporters if

they remember that case; I did not understand you to say that you saw it, but inferred from your manner that you saw it. 876

A. I don't remember saying it, but I remember speaking of it to you last evening; it was a case I did not think proper to put in as evidence at all; you know my knowledge of it is such as——

Dr. Bassett: I understood you to say this morning that that person was lying in bed on her hands and knees.

The reporter here read from the testimony of Dr. Sherman.

A. That is a case that should not come in there because my knowledge of it was only hearsay; the case that I knew and that I intended to speak of, was that of a physician, an elderly, fleshy man who escaped from his family, was only a few minutes out of sight; they saw him going through the fields, pursued him; he went through a little piece of woods, and supposing they would look for him there he passed through to another little piece of woods, and they stopped a few minutes to look for him, and then found him; he had a rope in his hand, had thrown it over a limb, and was upon his hands and knees at the root of the tree dead; in that case Dr. there was not a dissection; he was an elderly, respectable physician, and the evidence was so positive of suicidal hanging, that it did not require a dissection and there was none; but the face in that case was pallid and although his position was with the face downward—that is, he was upon his hands and knees—the indentation was not discolored. 877 878

By Dr. Esterbrooke:

Q. Might not this mucus in the larynx, trachea and bronchi—might this not have been intermixed with some of that bloody fluid and, therefore, give this its bloody color?

A. The bloody fluid in the cavity of the chest?

Q. Not necessarily that, but that diffused in the lungs in the post mortem?

879 A. Do you mean that I recently had, or do you mean what Dr. Swinburne speaks of?

Q. I mean what Dr. Swinburne spoke of; he said the bloody serum on the chest was post mortem?

A. You mean what Dr. Swinburne spoke of?

Q. In the record of the post mortem as being found in the trachea and larynx?

A. No, sir; I don't see how, taking out the lungs, the inside of the bronchi could come in contact with this serum—this post mortem serum.

Q. Why would this serum be discharged into the pleural cavity and not into the bronchial cavity?

A. I know of no reason except the loss of endosmosis; I don't know any other reason, sir.

880 Q. Is there anything in the structure of the mucus membrane or of the walls of the bronchi that would prevent such exosmosis?

A. I don't think there are, sir; the mucus membrane is covered with pavement epithelium, and I don't know any reason why it should not.

Q. Wouldn't you as soon expect to find this serum in the bronchi as in the pleural cavity?

A. No, I would not, but I cannot tell you why; in the first place you do find it in the pleural cavity and you do not in the bronchi, and I cannot give you the reasons, sir.

Q. In persons dying from strangulation, are not spots upon the lungs common?

881 A. Yes, sir; I think there are.

Q. How far north have you heard of a pernicious chill?

A. Bellevue Hospital.

Q. I mean of one not imported?

A. I don't know, sir; they probably have them as far north as some parts of Tennessee.

Q. You never have heard of any as far north as Southern Pennsylvania?

A. No, sir; I have not, though there might have been; I have never seen any case reported.

Q. Is a hot stage necessary to a pernicious paroxysm?

A. I think it is, sir. 882

Q. There is no form of pernicious chill and pernicious fever in which a cold stage takes the place of the hot?

A. Not and the patient recover, sir; in that form of pernicious chill the reaction never takes place.

By Dr. Brooks:

Q. You have been in the room where the patient died—the room Colonel Dwight was in at the time he died?

A. Yes, sir.

Q. Do you think it a good room for a sick man to remain in for a number of weeks?

A. No, it is not a room that I wish my patients to be in. 883

Q. What would be the effect of a man being there?

A. It would depend altogether on how much the windows were opened or the door opened into the other room and the windows in the other room opened; there is plenty of air outside if a man had the windows open.

Q. If a man had a fever and it was in November, what would the effect be?

A. It would depend entirely on the man; if it was me I would have plenty of air; I know nothing of Colonel Dwight's habits and could not tell you.

Q. You knew nothing of his habits?

A. No, sir. 884

Q. Would the presence of malaria in the blood affect its coagulability?

A. I don't know.

Q. Does the blood always coagulate in malarial diseases?

A. So far as I know it does; in this dying of malarial diseases the blood coagulates.

Q. Do you know whether malaria changes the color of the blood at all?

A. I don't think that malaria changes the color; the effect of it does, I presume, sir; if it was what I

885 was saying to Dr. Bassett—if it obstructs respiration, of course, it changes the color.

Q. Darkens it?

A. Yes, of course, if it obstructs respiration.

Q. Would morphine in fatal doses be likely to produce extravasation of and around the brain?

A. No, sir: I don't think it would; I never made an autopsy of a person dying of a fatal dose of morphine; it produces congestion and I don't know but it might produce extravasation; I am not enough familiar with it to say; I never had any case to look up.

Q. You being present at the last autopsy, you saw the heart was quite well preserved in comparison with the rest of the organs?

886 A. Yes, sir.

Q. Was that all due to the presence of fatty matter?

A. No, sir; there was no fatty matter; no fatty field about the heart; no undue amount of fat upon the heart; the heart had every appearance of being a healthy organ to the naked eye.

Q. Where were these indentations upon the neck proper?

A. The deepest were upon the left side and the broadest upon the right side.

Q. Deepest towards the front or back of the neck?

A. In the middle.

Q. Where the neck is usually a little hollow?

887 A. Not usually where the neck is a little hollow, but where it is a little full.

Q. Just on the muscle?

A. Yes, sir; there was but little difference in the depth, however, upon the left side and on the right side; it is broader here—along there, but not so deep, but not so deep, it seemed to me, on the right side anywhere, but broader.

Q. If a cord should be passed over and around the thyroid cartilage would not some force be required to cut off the supply of air to the lungs?

A. The patient would breathe longer; it would pro-

duce just exactly the condition which appears to be in this case; the patient would breathe, and air would be admitted longer, and you would be more likely to have what is termed the mixed condition, the death commencing partly in the brain and partly in the lungs. 888

Q. Would not more force be required than if it were above it?

A. No, sir; I don't think it would at all; it does not require much force, sir.

Q. The blood spots at the shoulder, are they usually due to violence, or are they present in cases where moderate force has been used?

A. They are one of the pathognamonic indications, without any regard to violence. 889

Q. What I meant by violence is the form of the body—rupturing some of the blood vessels?

A. Yes, sir; that is the way I construed your question; that is what I meant.

By the Coroner:

Q. You saw the heart up there in this body, did you?

A. Yes, sir.

Q. How was that as for size comparing it with the body?

A. Well, I didn't put it together, sir; I could not tell.

Q. You could not judge from what you saw? 890

A. No, sir; I did not undertake to estimate its size; it was empty, of course; all its cavities cut open; I examined its tissue pretty carefully, and examined it inside and out.

Q. How in regard to the thickness of the walls?

A. They were normal.

Q. From what you saw of that heart would you say that it was a feeble heart?

A. No, sir; I should say it was not; I should say it was a healthy, normal heart.

Q. You have a microscope here, have you, Doctor?

891 A. Yes, sir.

Q. Are you familiar with its use?

A. Tolerably so; I have used it for a great many years.

Q. Have you been familiar with the examination of morbid specimens of different kinds?

A. Yes, sir; tolerably so.

Q. The blood?

A. Yes, sir; I have examined the blood a great many times.

Q. The mucus?

A. Yes, sir.

Q. Would you be able to tell beyond any doubt the difference between the corpuscles of the blood and the
892 appearance that you might find in mucus, beyond a doubt?

A. Yes; I think so, sir.

By Dr. Esterbrooke:

Q. How would you define a red blood corpuscle?

A. It is a flattened sphere, like a round piece of wax, with the indentation of fingers in the centre.

Q. Body concave?

A. Body concave.

Q. About what is their size?

A. A blood corpuscle is about $\frac{1}{5000}$ of an inch; that is about the average—that is the approximate size, sir, as near as men have attempted to measure it, and they
893 don't measure very near.

Q. They differ in size in different individuals?

A. Not very much, sir; very little, very little, indeed.

Q. You will find a slight difference in the same individual in different corpuscles; you don't find any marked difference in different individuals; do they change in shape?

A. According to what they are subjected to; when dried they become shrivelled, annular, disintegrated, and changed in shape by absorbing—by endosmosis.

Q. Do they ever become spherical?

A. Yes, sir, by absorbing; and even their shape destroyed by being in too thin a fluid. 894

Q. Does that affect their diameters materially?

A. It would be larger than natural.

Q. Do you know anything that resembles them very much?

A. It is their several cells that resemble them, but I don't think there is any difficulty in diagnosing them.

Q. There is nothing in the different forms of vegetable or animal life—the result of decomposition—that would simulate them?

A. Yes, sir.

Q. So as to make them unrecognizable?

A. I don't think that; I don't think there is any but what you can recognize as the blood corpuscles with a good glass. 895

Q. What would nearest resemble them?

A. I don't know as I can tell you, sir.

Q. Do you find corpuscles with a diameter of $\frac{1}{3500}$ of an inch?

A. I do not.

Q. What parts of the body would you distinctively find them in—would it be perfect, or more or less broken down, sir?

A. Broken down, by all means; I don't think I have ever found any; I have never seen any in the trials I have made the experiment; I have never seen any that I have had any difficulty in my own mind in diagnosing as blood corpuscles.

Q. You found some blood corpuscles in this serum, or what was it you examined? 896

A. I examined a little, thick, tenacious exudation from the inside of the bronchial tube.

Q. A large tube?

A. It was a tube about one-quarter or three-eighths of an inch in diameter.

Q. What did you find in that?

A. I found blood corpuscles.

Q. Nothing else?

A. Nothing else of importance, sir; a good deal of foreign matter.

897 Q. Wouldn't you naturally expect to find anything else?

A. Yes, sir; you would find the epithelium; of course, in taking the epithelium off from the mucous membrane—in taking it off with the knife, as I did—you would expect to do so.

Q. Did you find any mucus corpuscles there?

A. Not that I could see what they were, but I have no doubt there were; those that I considered mucus corpuscles.

Q. Was this tinged at all red?

A. Yes, sir, it was; where it was thick it was red upon the knife, very distinctly red, as red as the corner of your note-book, upon the knife—the scalpel;
898 red upon the glass.

Q. What was it you took this mucus from?

A. I have just told you what I took it from.

Q. The bronchial tube?

A. From the bronchial tube—the inside—about one-fourth of an inch in diameter.

Q. It was a part of the specimens you took at the examination?

A. Yes, sir; the same I asked from Dr. Burr—a small piece from the inside of the lung, and this small bronchial tube.

Q. Were these red corpuscles many in number?

A. Yes, sir.

Q. What shape did they usually assume when
899 placed under the field of the microscope?

A. They are sometimes flat, and where they are abundant they are edgewise.

Q. Did you find any edgewise in your specimen?

A. Oh, yes, I did, a great many of them, in the specimens; the points where I was particular to show there were none but what were flat, because in my experience you can study a blood corpuscle better where you have only a few under a field than you can where they are massed together; as in many parts of that they are very thick—piled up—and you cannot study them so well as where there are but few.

Q. You examined some of Dr. Burr's blood, didn't you?

A. Yes, sir. 900

Q. Were the appearances of the two the same?

A. They were.

Q. The size of the corpuscles?

A. Yes sir, the size and the appearance.

Q. The size of the corpuscles, and the appearance?

A. Yes, sir.

Q. Did you measure any of those you found in the lung?

A. No, sir; I don't know how to measure them; do you?

Q. I have heard of such things.

A. With what was it done?

Q. It was done with a stage micrometer; have you never used that? 901

A. Yes, sir, with a ——

Q. That is all that is necessary.

A. And you will swear to the size of a blood corpuscle with only this instrument to measure with?

Q. You can get it very nearly exact with it.

A. No sir; you can't; it is a mere mechanical accuracy which I would not attempt; you want a stage micrometer, an eye-piece micrometer; you want a camera lucida, and you want appliances such as no common microscopist, such as country villages produce, are able to do.

Q. Did you find a white corpuscle?

A. I did not recognize any, sir, but I think very likely there were.

Q. Did you find a sufficient quantity of the red corpuscles to warrant you to think that the white must have been present? 902

A. Yes, sir.

By the Coroner:

Q. This specimen that you took from the bronchi was from the body purporting to be that of Colonel Dwight?

A. Yes, sir.

Q. Wouldn't the length of time disorganize these fluids so that it would be impossible to tell about it?

903 A. No sir, I don't think it would; I have no doubt it changed them, but I don't think it would disorganize them so as to make them unrecognizable, sir; I don't think it would; the records show that blood corpuscles are brought out from stained garments years afterwards; Dr. Richardson, of Philadelphia—our two best microscopists in this country, those that are doing the best work for us are Richardson and Woodworth, and Richardson has brought out blood corpuscles from stained garments years after the stain.

Q. But suppose this blood was within the cavity of a body buried, together with other fluids?

A. Undoubtedly it would change them somewhat, sir, but not so but what they would be recognizable.

904 Q. Wouldn't it change them more than though they were in a coat, for instance, where it was dried?

A. No sir; if they were in a coat, and dry, they would be shriveled, and you would have to bring them into shape by proper fluids.

Q. Then the blood will not decay like the flesh?

A. They do undoubtedly, sir.

Q. Five months' time under ground—would you expect to find much of any change in that time?

A. No sir, I should not, in the stage of preservation that that body was in; I should not expect to find much.

By Dr. Esterbrooke:

905 Q. You spoke of Dr. Richardson; did you ever notice his method of measuring microscopic bodies?

A. I don't think I have, sir. I have seen him measure them in the way I speak of, that is all. I don't think I have ever seen it.

By Dr. Andrews:

Q. I would like to ask you, Doctor, how long a time in your judgment, considering what you know of *post mortem* appearances, and the depression supposed to have been made by a cord about the neck, would Colonel Dwight have been in dying; could you approximate the time?

A. It would be merely a guess, Doctor. 906

Q. Could you venture on a guess?

A. Yes, sir; fifteen minutes; and I guess that is rather long.

By Dr. Bassett:

Q. Allow me to ask you a question; why you took casts of the jaws, upper and lower?

A. Well, sir; I was directed to, and if you want to know why—I never saw Colonel Dwight, and up to even the time of the adjournment of that inquest, I saw no one that could swear that that was Colonel Dwight's body; it was a means of identifying the body.

Q. I didn't know but you might have some desire 907 to take it to sustain your theory of strangulation?

A. No, sir, not at all; the jaws and teeth, you know, were as little changeable as any organs, and that was the object of it.

By Dr. Brooks:

Q. If you had been along, and seen that body stripped at the first autopsy, would you have noticed particularly this depression around the neck, if your attention had not been called to it?

A. If I had been fit to make an autopsy I should, sir; any man that would make an autopsy without noticing it, certainly is not fit to make one. 908

Q. Is this indentation on top or below the band of the linen collar?

A. Below, sir.

Q. About how much?

A. An inch or more; an inch, sir.

Q. How much below this indentation—the indentation from the shirt band?

A. I did not see any indentation from the shirt band; there was not any.

Recess until 2 o'clock.

909 *Elisha H. Bridges* sworn.

By the Coroner:

Q. Doctor, where do you reside?

A. In Ogdensburg.

Q. How long have you lived there?

A. About eighteen or nineteen years.

Q. What is your age?

A. I am in my thirty-seventh year.

Q. Your business?

A. Physician and surgeon.

Q. How long have you practiced; are you a constant practitioner.

A. Yes, sir.

910 Q. In active practice, I mean?

A. Yes.

Q. How long have you practiced?

A. Fourteen years.

Q. What school did you graduate from?

A. I graduated from Bellevue, N. Y.

Q. Have you frequently made autopsies on dead bodies?

A. Yes, sir; I have made some.

Q. Where?

A. At home.

Q. On what class of cases mainly?

A. Just the general run; I was coroner for four years, and observed some autopsies then, and have
911 made some for other coroners, and some in my own practice.

Q. Are you familiar with the appearances of dead bodies after suffering death?

A. Yes, sir.

Q About how many cases have you examined of bodies that have suffered death?

A. I could not tell you.

Q. Can you approximate something near?

A. It would be very difficult; if you will give me a moment's time I will endeavor to; I should say between one and two hundred.

Q. In the last fourteen years?

A, Yes, sir. 912

Q. Have you ever made an autopsy upon a drowned person, a person that was drowned?

A. I don't now recollect making a complete dissection; I have made a partial dissection where there was a question about it.

Q. Have you ever made a post mortem upon a person that was strangled to death?

A. Yes, sir.

Q. How many?

A. I can only think of two now.

Q. Were those cases of immediate strangulation, or were they those that had been strangled by a process of time?

A. They were suicidal. 913

Q. All of them?

A. All of them; yes, sir.

Q. In those cases that you made the autopsy describe to this jury the heart, the lungs and the brain?

A. Well, now, perhaps I misunderstood your question; I have made an examination of the external body in two cases of these; I don't think in either of them I made a *post mortem* dissection.

Q. Did you ever know Colonel Dwight, deceased?

A. I did not.

Q. You never saw him?

A. No, sir.

Q. Was you at an autopsy that was said to be held on his corpse, last November, at the Spaulding House? 914

A. No, sir.

Q. You have a copy of the *post mortem* said to have been made at that time?

A. Yes, sir.

Q. Have you looked that over pretty carefully; studied its bearings, &c.?

A. Yes, sir.

Q. From your study of that case, have you made up your mind, that that autopsy reveals a cause for death?

A. Well, will you confine me to that one autopsy, or give me the privilege of what I have gathered?

915 Q. Yes, sir.

A. From evidence here upon the stand?

Q. Of both of them; I will confine you first to the first autopsy.

A. I guess I could from the one autopsy; I should say I have been confirmed, and could hardly say where my mind has been made up in this; I have been studying it, and having the second autopsy in my mind, it is very difficult to separate the two.

Q. We will take them all together then; from the evidence you have heard—from the first autopsy, and to the second—what conclusion have you come to in regard to the cause of death?

A. That the body upon which they held the examination last Wednesday, came to his death from asphyxia, and in my judgment, the cause of that asphyxia was strangulation with a cord; with a cord or rope around the neck.

916

Q. Would you judge from the appearance, that that was a case of sudden death?

A. Yes, sir.

Q. Would you suppose that there had been any breathing after the air was first shut off from the lungs?

A. I think there was.

Q. For how long a period should you judge?

A. Oh, I could not say exactly.

Q. Why do you say that you think he breathed sometime after the air was excluded from the lungs?

917

A. The condition of his internal organs would indicate that.

Q. From what?

A. First, the condition of his heart; had he not breathed; had strangulation been complete, and instantaneous, there would have been—the right side of the heart would have been full of blood; but as it was gradual, both sides were empty or nearly empty.

Q. Do you note any change in the condition of the brain to warrant you in that?

A. In this condition?

Q. Yes.

A. That is corroborative evidence of this fact—the condition cited. 918

Q. The lungs the same?

A. Yes, sir.

Q. You were present at the last examination, were you?

A. Yes, sir.

Q. Did you observe that indentation that is spoken of in the autopsy?

A. I did.

Q. Describe that to the jury, if you please?

A. I perhaps cannot improve the description that has been given; they have all seen it; it was a deep indentation, and little higher up upon the right side than upon the left; the mark upon the right side be- 919
ginning opposite the os hyoid bone, extending around to the back part of the neck, and I estimated it to be one-eighth to one-fourth of an inch in depth, and from a quarter to half an inch in width; upon the opposite side, a little lower down, but in the same direction of this—it was not dropt—following the direction of the finger, from the one, the closing direction of the right side, reaching toward the commencement of the left, there is a similar mark reaching around to the back; the bottom of that was not like a wrinkle, angular; but it was round, so that it fitted the convex side of the finger; I studied it as carefully as I could, and in my judgment it was produced by a round instrument; if not a cord, resembling a cord or rope; I would say 920
that indentation was lost in the front of the neck.

Q. Was it lost in the back?

A. I could not——(interrupting)

Q. Oh, it was not turned over enough?

A. Yes, sir; I would remark from that, that it was not turned over until afterwards; in my judgment the hot plaster had softened the tissue of back of the neck, so that it had modified it slightly; there was one place where I put my fingers that seemed to me softer than when I was trying to feel the mark with my hand before that.

Q. Did you observe the ecchymoses in the line of this indention?

921 A. No, sir; it was not in a condition to observe such a thing.

Q. There were some spots noted upon the back, or on the shoulder?

A. In my examination; not the autopsy?

Q. Yes.

A. They are *post mortem* changes, I should judge—perhaps not—it is common after sudden death to find upon the most recumbent positions of the body those marks, but I would say that those marks upon the arms and shoulders are not common in sudden death and they are after death by strangulation or asphyxia, I should rather say.

Q. They are peculiar to that?

922 A. They belong to its history.

Q. Doctor, have you had any experience in—what do they call those chills now?

(A Juror: Pernicious chills.)

Q. Yes, are you familiar with those pernicious chills, I meant?

A. From personal observation, I am not.

Q. Never have seen the chills?

A. Never have.

Q. You are familiar with the literature of the subject, are you not?

A. Somewha so.

Q. From your reading of those chills, how does the

923 appearance correspond with the *post mortem* as revealed?

A. The *post mortem* appearances of pernicious chills?

Q. Yes.

A. I don't know much about it; I don't know that I ever read the *post mortem*, and I would remark that in most of our works on practice, that is not spoken of at all; they are not common; they are so uncommon that writers on the practice of medicine never mention them.

Q. It is generally confined to malarious countries, of course; in a person strangled, would you expect to find the face pale, or flushed?

A. It depends upon the method of strangulation; 924
if that method is violent as in criminal executions, I should expect to find it livid; if it is suicidal, I should expect to find it pale; that is the teaching, and my limited observation confirms that.

By Dr. Bassett:

Q. In a case of strangulation of this kind that you spoke of, what would be the conditions of the anterior portion of the lungs; the pathological condition?

A. They might be marked by ecchymose spots, and might not.

Q. Are they not generally?

A. Well, that is as near as I can give you doctor; they might, and might not. 925

Q. Would you find any other pathological condition?

A. In the lungs?

Q. In that portion of the lungs—the superficial portion of the outside.

A. In ordinary——

Q. No; in this case of asphyxia.

A. In asphyxia from this cause of strangulation; well, I think you would find them preternaturally distended and not collapsing on opening the thorax; that is all I think of at present; you can call my attention to anything else.

Q. Would you find any ruptured cells?

A. You might and might not; it would depend upon a great many little circumstances; it is not 926
necessarily, and still it does occur.

Q. In a case of strangulation like this you have described, what appearance would this indentation have at the bottom of it where the cord or rope went?

A. It would have no marked distinguishing appearance; perhaps a little paler than the surrounding part of the skin; generally not ecchymosed.

Q. Would the color be changed scarcely any?

A. Scarcely any.

Q. What would be the appearance of the surrounding portion?

927 A. No characteristic appearance.

Q. Wouldn't it be flushed, or livid?

A. No, sir.

Q. Not at all?

A. Not necessarily; rather not.

Q. What is your theory as regards this strangulation in this case, from what you have seen and heard?

A. The method that it was done?

Q. Yes, sir.

A. I will give you my judgment; it would not vary much, if any, from what you have heard from Dr. Swinburne and Dr. Sherman; we have examined that together; that it was produced by a cord around the neck and probably in that bed where he was found
928 suspended from above.

Q. Well, if he had been suspended by a cord from the top of that, would this indentation be as circular as it appeared there?

A. Yes, sir.

Q. You think it would?

A. Yes, sir, I think it would; if it is a mark of any importance as indicating this, it would be there as well as anywhere; it had all the conditions.

Q. About how high, from what you heard, did you judge his body was raised; the head?

A. I could not say; it would not be necessary to raise it more than a few inches; it might have been raised higher.

Q. Supposing that it was at an angle of forty-five
929 degrees, and he had applied a cord and attached it to the bed; would that cord remain around the os hyoids?

A. Yes, sir.

Q. Would the back part where it was attached to the rope or whatever you call it—the knot—would that be a circular groove around the neck?

A. This was not a circular groove exactly; it inclined upwards as well as backwards.

Q. Are not the cases of self-strangulation generally circular?

A. Self-strangulation?

Q. Yes, sir. 930

A. Do you mean suicidal hanging?

Q. Certainly.

A. Nearly circular.

Q. Yes; that is, by strangulation.

A. Yes, sir; I think no nearer than this.

Q. Well, now, that rope being attached to the top of that bedstead, would it not bring the perpendicular line of that rope almost at a right angle to that around his neck; would not the heft of his body jerk that up to the os hyoids here, and also when it tightened, bring it up under the chin?

A. Not necessarily at all; I think usually it would not.

Q. Why? 931

A. That is the place where it attached itself first; it would not be apt to give; in many cases of hanging criminals, the knot is below; it does not slip up; it is placed there and stays.

Q. In hanging criminals, is not the obliquity of this cord greater than in suicidal strangulation?

A. I think it might be; the cord is generally placed so.

Q. Is not it always the case?

A. Perhaps so.

A. Did you observe in this autopsy any mark in front or on the skin that had formerly covered the os hyoid bone?

A. No, sir.

Q. None there? 932

A. No, sir; I did not observe it.

Q. If he had been strangled in the way you cited, would there not have been an indentation in the skin over the os hyoid bone?

A. No, sir.

Q. Not at all?

A. Not at all; in my judgment.

Q. Wouldn't the weight, the principal weight of, his body come on that?

A. Not necessarily some of it; its share of it.

Q. Wouldn't it in order to induce strangulation?

933 A. Its share of it.

Q. Wouldn't it more than a small portion of it?

A. Perhaps; allow me to explain whether it would or not; in the first place, the indentation is not much made in the skin, it is in the softer tissue beneath—the cellular and fatty tissue; the os hyoid is covered almost wholly by integument not admitting of indentation; it is a harder substance; you wouldn't get a groove there.

Q. There is a quantity of cellular tissue beneath the skin there

A. Certainly; but very little; feel of your own, you will see.

Q. I am thin; he was fat?

934 A. Scarcely any substance would have much cellular or fatty tissue over the glands; it is a place where there is not much of such tissue.

Q. Where there is not much appearance of cellular tissue under the skin covering a bone of that description, would the cord remain in the place where it was put?

A. I think it does, for it does—history shows it does—remain.

Q. I speak as regards the position that he was in?

A. Yes, sir.

Q. Regardless of history; he might be in different positions?

A. Yes, sir; this corresponds to the usual history.

935 Q. I believe you stated to the Coroner the condition of the lungs; what that would be by strangulation; I think you did; I was going to ask you that question; well, now, where there was slow breathing from strangulation, what changes would take place in the blood?

A. The blood would be partially oxygenated, and after death we would not find the right side of the heart filled with blood, as we would in complete strangulation, for this reason: the blood being renewed partially by each respiration, is driven by the left ventricle into the deeper and further parts of the system, and does not so much accumulate in the lungs; that is the reason that the comparatively empty con-

dition of the two ventricles in this case is evidence of gradual strangulation and not at once. 936

Q. In a case of this kind you would find much blood in the extremities?

A. I think you would.

Q. Are they not generally pale and bloodless?

A. The surface, yes, sir; the deeper vessels I should think would be at least ordinarily full.

Q. Wouldn't the same pathological conditions appear in the pernicious chills?

A. I never have performed a post mortem on a case of pernicious chills, nor have I read of one; if I answer your question it will be reasoning by analogy.

Q. Yes?

A. I think not. 937

Q. Now in the pernicious chill would you find much blood in the extremities?

A. Perhaps not in the surface of the extremities.

Q. Do you think you would in the interior vessels?

A. You might find as much.

Q. Do you think there could be, when the vital powers of the system were in a measure destroyed by the poison?

A. There wouldn't be apt to be as much in the extremities.

Q. There would not be as much?

A. No, sir; there would not; that is the probability; this is only hypothetical.

Q. There not being as much in the extremities during that period, would you not find the lungs very much engorged? 938

A. Be apt to.

Q. Wouldn't you also find the brain more or less congested or engorged?

A. Be apt to.

Q. What is it that produces in that case that engorgement?

A. In pernicious chills.

Q. Yes, sir?

A. This reasoning, as I tell you, is not from actual experience nor from having read any post mortem, but

939 now your question is, what occasions that engorgement; please give me your question once more.

Q. I say if the blood in a pernicious chill is not thrown to the extremities and to the surface, would it be in the internal organs,—the lungs and other organs?

A. Yes, sir; but it would be in a different condition from what we found them, in this subject.

Q. What difference?

A. The cavities of the heart would be—either the right probably or both—moderately distended, because the powers of life are suspended by stoppage of the heart through its weakness, and it would not continue to force out its accumulated blood, but would gradually
940 stop, and we would find the blood at a standstill there in all these vessels.

Q. Now, in the case of strangulation wouldn't you find blood in the left clavicle of the heart?

A. No, sir,

Q. Did you find it?

A. In complete strangulation we would not find any.

Q. I say in slow strangulation?

A. You would not; in slow strangulation you would find little or no blood in either side; that is death from two causes, as Taylor speaks of.

Q. Was there any grumous blood in the left side of the heart?

A. I understand there was; about half an ounce; I
941 think the post mortem reads that it was found in each ventricle; estimated—not measured.

Q. Would you expect, reasoning from analogy, more blood in that cavity under a pernicious chill?

A. Yes, sir; decidedly more.

Q. Wouldn't the blood be poisoned the same by the want of decarbonization as it is in the other cases, or in the cases of slow strangulation?

A. Decarbonized? it would lack its oxygen in both cases, I think.

Q. So in fact the two cases would be similar?

A. No, sir; I will explain to you that; they would not be similar if you refer to the internal conditions.

Q. As I understand you thy are engorged in both ? 942

A. Exactly.

Q. But in the case of strangulation you would not find as much blood, you say, as in the other?

A. In the ventricles of the heart.

Q. Would there be any extravasation in any portion of the brain ?

A. In death by slow form—any extravasation ?

Q. Yes, sir.

A. There might and might not be ; there was in this case.

Q. Might there not be extravasation in the pernicious chill ?

A. There might be. 943

Q. I believe you answered the inquiry as to the cause of death ?

A. Yes, sir.

Q. I won't ask you that question ; would any kind of medicine produce the same pathological conditions that appeared in this case ?

A. I am not sure; I do not now think of any ; yet there may be.

Q. Would opium ?

A. No, sir.

Q. What pathological condition would you find in a person that had died from an excessive use of opium ? what would be the condition of the brain ?

A. It would be congested. 944

Q. Would it be extravasated ?

A. It might be.

Q. Would the congestion be slight or great ?

A. I should expect to find considerable.

Q. Would you also of the lungs ?

A. Some, but not as much.

Q. By Dr. Spencer : I understood you to say you have examined two cases of suicidal strangulation ?

A. Yes, sir.

Q. In what manner was the strangulation brought about by hanging ?

945 A. Yes, sir; I just have in my mind those two—perhaps more.

Q. You have made no *post mortem* examination in such cases?

A. No, sir.

Q. What was the general external appearance in those cases?

A. I recollect distinctly of one; there were ecchymose spots upon the body, for this man I saw very soon after he was taken down; he hung himself in his own house, where his feet could touch; his face was pallid; his tongue was swollen; there were no marks beneath the cord; in this case he had used a clothesline; that, perhaps, constitutes the whole external
946 appearance.

Q. Any lividity upon the face?

A. No, sir; pallor of the face; these ecchymose spots upon parts of the body; the swollen tongue; no mark on the throat, and general ecchymosis.

Q. General paleness of the whole surface?

A. Yes, sir.

Q. A groove showing the line of the cord?

A. Yes, sir.

Q. Was the tongue protruded?

A. Lying between the teeth—not protruding beyond the lips; nothing so that it was prominent and was seen; laying there in sight; out; not lying back in its usual position of death from other causes.

947 By Dr. Andrews:

Q. Was there any unusual appearance about the eye in this case?

A. I don't recollect any.

Q. Do you remember whether the lids were closed or open?

A. I do not; they were probably closed as I did not reach the body first, and it is customary after death for them to close the eyes, and they remain so.

Q. How much of an indentation or depression was made by the cord?

A. Not quite as much as I have described in this case, for he was not quite as fleshy a man.

Q. Considerable of a groove ? 948

A. Quite a groove ; it was well marked.

Q. Running in the same direction ?

A. About the same ; yes, sir, as nearly as I can recollect ; it is some little time ago ; I cannot describe it exactly.

Q. Do you think, in this case, if Colonel Dwight suffered death by suicidal strangulation, that the cord was noosed or simply suspended in a loop ?

A. I could not say ; I should rather think from the mark that it was crossed, or in some way fastened behind, because these ridges seemed to me to reach too far to go just straight from his head above ; these grooves, instead of ridges, I should say.

Q. How far would it be necessary for a suicide to 949 settle down in order to produce death by strangulation ?

A. I could not state exactly ; not many inches.

Q. Six inches ?

A. I should think that would be a great plenty—sufficient ; I don't know why half an inch would not be enough, if his weight came on the cord.

Q. What proportion of the weight of the body would you judge would be necessary upon the cord to produce strangulation ?

A. I could only estimate that ; I could not say ; guess at it ; that would be all ; it is not capable of demonstration.

By Dr. Edwards : 950

Q. In case a fatal dose of gelseminum had been taken, what would you expect the condition of the heart to be ?

A. I have never performed a *post mortem* examination after gelseminum ; I have seen a person killed by gelseminum, and was the physician at the inquest.

Q. They did not have an autopsy ?

A. They did not hold an autopsy.

By Dr. Bassett :

Q. Do you recollect the amount of the dose ?

951 A. That I could not tell; it was a prescription given by another physician, and gelsemium was one of the ingredients; it was a married woman who took it with suicidal intention; and my recollection is—and that I am not now positive of, but can make myself so; I have the means—that she took about a drachm of the fluid extract of gelseminum.

By Dr. Edwards:

Q. If there had been inhaled a sufficient amount of Nitrite of Amyl to produce sudden death, in what condition would you expect to find the lungs and heart?

A. I should expect to find them full, and I have some experience in the use of Nitrite of Amyl; I
952 know it is very easy to produce death with a small quantity of it; I have seen alarming symptoms from an inhalation of six drops of it given in spasmodic asthma; I have never performed a *post mortem* examination or dissection, but I should judge it would leave the cavities of the heart full; yet it might not; it is only reasoning from analogy.

By Dr. Brooks:

Q. How long was it before death was produced from that dose of gelseminum?

A. I cannot fix the exact time; I should think it was three years ago now; I will refresh my memory
953 in that way, but I think not less than thirty minutes.

Q. What is the mode of death from an overdose of opium or its alkaloid?

A. I will answer that question; but really I don't see the relation it has to this case.

Q. We understand he had taken more morphine that evening just a short time prior to his death?

A. The effect is specially upon the brain, and secondly upon the respiration, lessening its frequency, and the pupil of the eye is one of the indications of an overdose; it is contracted, sometimes a mere pinhole; lividity of the countenance; stupor; coma; death.

Q. Might not the relaxation produced by that, 954
cause the tongue of the person sitting back as this body was, to drop back and cause partial asphyxia; death would be slow?

A. Well, no one could die in that way with a person sitting in the room adjoining them, and they would not die in half an hour.

Q. Is the effect of opium or morphine cumulative?

A. Yes, sir; given every fifteen or twenty minutes you might get the cumulative effect, and destroy life.

Q. When no large dose had been given at any one time?

A. Yes, sir; I never repeat a dose of opiate of 955
any kind inside of two hours; usually not inside of four hours.

Dr. Titus L. Brown, sworn:

By the Coroner:

Q. Where do you live, Dr. Brown?

A. In Binghamton.

Q. How long have you lived here?

A. In the City thirty years.

Q. Your business?

A. Physician.

Q. How long have you practiced?

956

A. Since the spring of 1853; March 1st, 1853.

Q. Were you acquainted with Col. Dwight, deceased?

A. I was, sir.

Q. How long did you know him?

A. I have known him since 1865.

Q. Have you been intimate with him?

A. Yes, sir.

Q. Prescribed for him and his family?

A. Yes, sir.

Q. For how long a period?

A. I think I commenced visiting the family the 15th

957 day of December, 1867; my first prescription to him was July 14th, 1868.

Q. What ailed him at that time?

A. He had a lame foot and a painful toe in consequence of injury.

Q. When did you next see him?

A. I cannot recollect as to that; I saw him frequently when visiting his wife and child and family, and made occasional prescriptions for him up to 1868.

Q. Who was Colonel Dwight, deceased; who was he in his lifetime; was he a citizen living here?

A. Yes, sir, while I knew him.

Q. When and where did you see Colonel Dwight
958 the last time?

A. Before his death?

Q. Yes, sir.

A. I saw him at the Spaulding House about ten days before he died; he was sitting in the adjoining room to the room in which he died—the sitting room; I called on him, and had more or less conversation with him for perhaps an hour; he was looking as if he had been ill—rather anxious in his appearance, but expressed himself hopeful of recovery.

Q. What do you know about his condition of health or disease before the Drs. Burr attended him in his last sickness?

A. To include the whole time of my attendance on
959 him, I have never been able, at any one time, to diagnose distinctly any disease, that is, to bring his symptoms to the dignity of a disease of any sort connected with his stomach, liver, brains or viscera, or his body; he was a man very afraid of dying, especially as he expressed himself to me; he would ask a great many questions that had no especial bearing on disease particularly, but he was afraid that something would take place with him; I think he came to me a good many times when he did not need any medicine.

Q. Were you present at an autopsy on his body last November?

A. You mean the autopsy and the post mortem in both instances?

Q. I mean the one in November last? 960

A. Yes, sir.

Q. Were you one of the visiting doctors at that time?

A. Yes, sir; invited by Dr. Orton.

Q. Did you give the post mortem appearance a careful attention?

A. My first attention to the body was when Mr. Ayres put the apparatus to his face; that held his mouth together and held up the chin, and I took especial attention, that is, I gave especial attention to what existed at that time on the body, especially about the neck and chin.

Q. Tell this jury, if you please, what you then saw? 961

A. The only indentation that I saw about the person in any way was under the chin, where this apparatus held the chin up—held the mouth together; when Dr. Swinburne mentioned what he called the indentation in the neck—I did not think then it was an indentation, and have not since; it was simply a fold of the integument of the neck, and my idea about it being caused or produced was simply the position of the head and neck with reference to the body when lying horizontally; it seems to me that where a man's neck is short and the integument may be stretched or enlarged—that when he lies horizontally, there would not be that folding of the integument on the chest, but it would slide back according to the law of gravity and make a better chance for the fold when the chin was held forward, so that the chin could be flexed or held up in that way, and I am satisfied it was a fold caused by the position of the head in the ice-box, or afterwards when put in the coffin, if it was retained in that way; I don't see any other way of that being produced; I cannot conceive of there being any other way; there was but one fold; there were no signs of others, as in the after examination, and that fold on each side of the neck—longest on the left side—or that which seemed to be deepest, could not be any 962

963 longer than my finger, and directly on the side of the neck.

Q. Could that indentation be produced by that chin rest?

A. Not the fold upon the neck, because that came up the front—here—upon the top of the neck, and came square across the neck, sufficient to let the chin up.

Q. Did you see any indentation in front?

A. I did not, sir, of any kind.

Q. Was the Colonel's neck pretty short?

A. Short and thick and fleshy.

Q. Judging from the *post mortem* appearance there at that time, have you come to any conclusion as to
964 the cause of the death of the deceased?

A. Yes, sir.

Q. Tell the jury, if you please, what conclusions you have come to?

A. From what I learned in general from him and physicians, and from this present sitting here, I have to-day come to a conclusion, and for the first time to say that I have fully made up my mind; I say unhesitatingly that he died of collapse, resulting from malarial fever or malarial poisoning, in the history I had of him and of the care he has had, and I would think that that was hastened, most probably, by the room he occupied, and the loss of air that he would necessarily encounter there.

965 Q. Do you consider the Spaulding House or where he was an unhealthy place?

A. Not especially.

Q. Judging from the room, and as you saw that room—you have visited that room?

A. I was there last night.

Q. You have been there before?

A. I have been in the sitting-room—no, sleeping-room before last night.

Q. Repeated.

A. The room is so small as to have but one window and one door, and that window is opposite the other adjoining building in such a way that no north or

west wind would come in with any force whatever if 966
the window was open, and it would be almost next to impossible to make any sudden change of air over or around that bed where he lay, and if the window was closed it would be a splendid place to be certain of dying in if you had any ague disease.

Q. That room is 13 feet by 7½ feet, with a window in the north end?

A. North end.

Q. Towards the Spaulding House?

A. Towards the main building of the Spaulding House.

Q. Do you know the distance between the Spaulding House proper and the cottage?

A. It would not be over twenty feet, I think, from 967
memory; it may be more.

Q. Do you know anything about the ground being made where that house stands?

A. I cannot recollect, sir, as to that.

Q. In the rear of the cottage is a long building, is there not, extending from the Spaulding House proper back to that cottage—a dance room, or something of that kind?

A. Yes, sir.

Q. What effect would that have upon the circulation of air in that room, that window being on the north side, the dance hall being on the east and the Spaulding House on the north?

A. It would prevent any east wind from coming that 968
way with any force.

Q. Wouldn't it prevent a north wind?

A. The main building stands more directly north in front of the window.

Q. Yes, I mean that?

A. Yes, sir.

Q. Are you familiar with the intermittent, remittent and—well, pernicious fevers, or chills, as they call them?

A. No, I cannot say that I am, only as they occur in this latitude, and those that have been transported here, or have come here from contagious districts.

969 Q. What proportion of diseases of the malarious origin do you come in contact with in your general business?

A. Oh, I could not say that I would have more than one-tenth, perhaps, making a guess at it.

Q. Of what character are they, mild or severe?

A. Most of them are mild, and occasionally one or two are severe—it is in the proportion of about one-tenth.

Q. Are you familiar with the ground upon which the Dwight House stands?

A. Yes, sir; somewhat.

Q. Tell this jury how that land was brought into shape as it now is.

970 A. Well, it was a swamp in the first place, mostly—directly where the building stands and the adjoining buildings, and it was filled in with the waste portion—dirt and that which filled the streets, and was taken from other waste places around here that the people wanted to get rid of; it was filled with the general rubbish of the town—the City.

Q. What is the character of the original soil; is it clay, gravel, or loam?

A. Mostly loam, I think.

Q. Is that the kind of land that is apt to hold water?

A. Yes, sir; more so than gravel.

Q. Is that a plain there, or is it hilly, where the
971 Dwight House stands?

A. Well, it was uneven and a swamp wys there.

Q. I wish to get at the amount of drainage whether that land can be drained by a sewer properly?

A. To a certain extent it could be, undoubtedly.

Q. Do you know how much earth was hauled in there and filled in; how much the land was raised in the neighborhood of that hotel?

A. From three to six feet in places and, perhaps, more in places.

Q. What time of year was that filled in?

A. I cannot recollect; it was spring and fall mostly, I think.

Q. Was there a large piece of lannd filled in there? 972

A. Several acres.

Q. Do you know when the Colonel went there to live?

A. I think it was about six months or a year before I was first called to see them.

Q. When was that?

A. The first visit, I think, was in December, 1867.

Q. How long did he live there in that neighborhood?

A. Well, he lived there until his pecuniary misfortune took place a few years ago—two or three; he lived in that house that Daniel S. Dickinson occupied first a few years, and then in the hotel.

Q. Do you know how long he lived in the hotel? 973

A. I cannot recollect exactly; two or three years.

Q. After living in the hotel, where did he go; do you remember?

A. I think he went to the Spaulding House to board.

Q. Would you regard that land upon which the Dwight House stands a malarious place?

A. I should.

Q. Were you ever called to see him during the time of his residence there?

A. Yes, sir.

Q. For what reason were you called?

A. Well, he would have an influenza cold, or a headache, and sometimes he would have attacks of vomiting, but never anything in which I could fully distinguish he had any malarial disease to be certain of it. 974

Q. Do you know anything about the character of the fluids ejected or the contents of the stomach at those periods?

A. It would be mainly partly digested food and mucus; never anything of a malignant character.

Q. Was the Colonel a high liver?

A. Well, he liked his good dinners occasionally.

Q. Did he stimulate more or less?

A. I never saw him in my life when he had been taking liquor, or knew he had been taking liquor; I

975 never saw him intoxicated in any sense whatever; always in pretty good condition except when he had one of these slight attacks.

Q. From the history of his having lived over there in the neighborhood, do you know how long he was at the Spaulding House before going to Chicago?

A. I cannot remember; he was there several months.

Mr. Richards: The auction sale there was in 1878.

Q. Oh, do you know anything about how long he was gone in Chicago before he came back here?

A. I do not, sir; it was some months—he was in Chicago.

Q. Do you know anything about Chicago, as to its being a malarious place?

976 A. It is generally considered so, and I have always been educated that way.

Q. Do you know about what proportion of the diseases were of a malarious origin?

A. I could not tell you from knowledge.

Q, Have you ever been there—to Chicago?

A. Yes, sir.

Q. How long since?

A. It was before the great fire; I spent a week there.

Q. The City is located upon a plain—a prairie?

A. Pretty much so; entirely, I think.

Q. There is a river called the Chicago river there, is there not?

977 A. Yes, sir.

Q. Did you observe that particularly while you were there?

A. Yes, sir.

Q. Did you observe any odor there?

A. I had to hold my nose while I crossed the river; it was the filthiest river I ever saw.

Q. Do you know whether the sewers empty into that river?

A. I was so informed.

Q. Was there much chance for the sewerage to get out of the City, except by this slow current of the river and wind?

A. No other way that I could learn while I was there. 978

Q. Do you know anything about how the City is sewered at the present time?

A. I do not know; I have understood that they were improving it in some way—changing the current of the river.

Q. During the residence of Colonel Dwight in Chicago, do you know whether he lived in the neighborhood of that river or not?

A. I do not.

Q. Have you ever seen a congestive chill of a malarious origin?

A. I do not think, sir, I ever have.

Q. You have seen severe forms of intermittent and remittent fever, I suppose—that is, in a certain degree? 979

A. To a certain degree I have seen those that I could distinguish from any other disease as being remittent and intermittent.

Q. In those diseases you have seen there has ordinarily been a reaction after the chill, has there not, doctor?

A. Yes, sir; prostration in all the forms; and it is apt to be greater in the pernicious form always, and there is apt to be less chill, less fever, and less perspiration, but the prominent symptom in the pernicious form is the prostration, and the danger is, in not turning to an intermittent form; if the fever and ague becomes intermittent, and they have a regular chill and fever and perspiration, and they are distinctly marked, then it does not take but a few usually, if the patient is properly cared for to cure them, but if they are masked or not thoroughly developed, it is generally considered a bad form of a disease, no matter who has the disease, and the fact of prostration being the principal symptom, and effecting the motor nerves—the nervous motion—most; it is more liable to be fatal, and come to a bad termination; generally, we find that where the neurosis is mostly upon the motor nerves, instead of the sympathetic nerves, that then there is more danger of some form of prostration that would prevent, 980

981 or even produce what took place in Colonel Dwight's case.

Q. Might a malarious poisoning lie latent in the system for a long period and for some exciting cause be developed into a congestive chill?

A. Yes, sir; I have had that opinion for years from reading and observation, and conversation with physicians.

Q. The man in the meantime being comparatively well?

A. So that you could not tell that poison was in his system, to be certain of it.

Q. What would be apt to develop it?

A. Well, sir, I think anything that would disturb
982 his alimentation and nutrition and would give a general want of nutrition to the different organs of the body.

Q. Suppose, Doctor, from some cause the stomach becomes disordered so as to cause vomiting, would you think that by excessive vomiting it might be developed, or it might not?

A. I should think that if he had that disease latent in his system, that it would develop or bring forward what we call the remittent or bilious form of the disease.

Q. That it would not produce this chill?

A. Not unless at the same time he had overtaxed his muscular system, and there had been some lack
983 of nutrition in the muscular system.

A. Name a condition of things whereby a system becomes more exhausted than by vomiting?

A. Well, I think depressing emotions, fear, grief, or disappointment, or something of that kind have a more sudden effect upon the nervous system than even vomiting or temporary diarrhea, or any of those acute forms of disease.

Q. Does vomiting depend upon—when the stomach is not full—does it depend upon the nervous action?

A. Very frequently, I think.

Q. Do you know what the effect of malarious poison is upon the system; what particular effect it will have in regard to the nervous system

A. Well, it embarrasses its functions probably in 984
assisting the other organs to perform their particular functions; respiration, digestion, incretion, excretion, all the different portions of the body that are connected with health; the peculiar action of the nervous system is not wholly known by us, but we find in consequence of that change in the nervous system that we have the various changes and results—especially the bad results—in the pernicious fever or malarial fever.

Q. Have you ever witnessed the different types of intermittent fever any further than those that occur on the fourth day?

A. Well, I think I remember of one where the paroxysm occurred at an interval of six or seven 985
days longer, the man still living, and coming out all right.

Q. Was that the severe form?

A. Well, he was very much prostrated at times, and especially after he had less chill and less perspiration.

Q. Do you remember the history of the case so as to tell this jury how long this case was being developed after the poison was introduced into the system?

A. Well, I think it was two years or more after the supposed exposure.

Q. Do you know where this came from?

A. Yes, sir; I think it came from the South; he was a soldier in the army.

Q. Do you know what part of the South? 986

A. I do not readily remember now; in conversation I do not remember what he told me about it, only that he was in the army, and was South.

Q. You are familiar with the County, are you not—this County?

A. Yes, sir.

Q. Are you familiar with Windsor?

A. Yes, sir.

Q. Have you been over there more or less?

A. Every year—sometimes several times.

Q. Have you ever been in the neighborhood of Colonel Dwight's old home?

987 A. Yes, sir.

Q. How long since you was there?

A. I think it was about six months.

Q. What do you say as to his location as to its being malarious?

A. Well, my attention was never called to it before; I could not give any distinct idea about it for certain; I do not know but his sojourn there last fall at his father's after the hot season—that there might have been something developed in the low portions of it.

Mr. Richards: He was at his wife's father's instead of his own?

A. I was thinking of Windsor, where Mr. Dus-
988 enbury lives.

Q. I mean where he was at that time?

A. Well, that was where he was at that time; I suppose you mean that.

Q. Would you expect in the drinking water to get more of a malarious poison—or would you expect it to be introduced into the system from springs more readily than from a well?

A. Yes, sir; there would be more vegetable matter decaying there than there would in an ordinary protected well; some wells overflow and get typhoid condition, or conditions that would bring on typhoid fever.

Q. What was Colonel Dwight's reputation?

A. Well, sir, he was a good natured, honest, open-
989 hearted man, generally in his intercourse with men, and tried to make every body comfortable around him; that was his principal trait.

Q. Was he cheerful or otherwise?

A. Well, sir, I have always found him cheerful in my intercourse with him.

Q. Your relations have been rather intimate, have they not?

A. Yes, sir.

Q. From your intimate relations with him what do you think of the theory of his destroying himself?

A. Well, I would just as soon think you would go home to-night and destroy yourself, because you are

a coroner, as to think he would destroy himself under any circumstances; that is my individual opinion now, or I would as soon think that Vanderbilt destroyed himself because he had so much money. 990

Q. You spoke a few moments ago I think of his loss of property; supposing he had this malarious poison about him, and the depressing effect of the loss of the property and all that, have you any idea that that would have any effect as to produce these chills?

A. It would help to bring them out, no doubt, depressing his circulation, interfering with his digestion and appetite, and then to go where he could get no oxygen—about the one thing that we have need of when we are eating, exercising, and be deprived of that for about ten days, and notwithstanding, he might spend two days in New York and come back under the same relations and same circumstances—it would have the tendency to increase his difficulty; the longer he staid there, the worse it would be for him; I spoke of this because in the last ten years I have given great attention to ventilation, and I have found acute diseases as well as chronic among the families that I have been attending, which I almost entirely cured by ventilation—many of them—better than I could have done with any form of remedies; I could name now ten families that used to pay me fifty to one hundred dollars a year that don't pay me five dollars now in consequence of having their houses better ventilated. 991

Q. Your experience is very unfortunate for you? 992

A. I cannot help it.

By Dr. Bassett:

Q. Dr. Brown, I understand you to say that you were very intimate, or as much so as any other man in town with Colonel Dwight?

A. Yes, sir; I don't know how much more I was than other men; we were on the best of terms.

Q. You have seen him in health and sickness?

A. Yes, sir.

Q. In prosperity and financial difficulty?

993 A. Yes, sir.

Q. Did you ever discover any great change in his manner towards you or any body else during his life?

A. No, sir; he treated me as affable and kindly, and more encouragingly after his misfortune—his pecuniary misfortune—than before; and he said on several occasions, "Doctor, it is all right; I shall be to the "front again, sometime;" and he repeated that frequently; he said he would have a chance to show the world that he could do better off than he was before.

Q. Did you ever see him, at any time or any place, or under any circumstances, whatever, despondent,
994 melancholy, or anything of that kind?

A. No, sir; I do not recollect of ever meeting him under any such circumstances or see it n his demeanor.

Q. Always jolly?

A. Yes, sir.

Q. Was he as much so under his pecuniary difficulty?

A. I think he was; he made me several visits afterwards; we had a personal conversation particularly about it; I never could notice but what he stood it as well as any other man that I could think of.

Q. Did he ever say anything to you in relation to death, or that he would just as lief die one time as
995 another?

A. I do not remember that he ever made that remark to me; the day I saw him up there, he says, "I "shall get well soon, and be in California carrying on "a business that I shall be more successful at than I "have been before."

Q. Was he always hopeful?

A. I think he was, sir; in any of his slight attacks he was hopeful.

Q. You never saw him otherwise?

A. No, sir.

By Dr. Andrews:

Q. Doctor, do you know or have you been acquaint-

ed with any more malarial sickness, or sicknesses from 996
a malarial cause, in the Dwight house or immediate neighborhood, than elsewhere in the City ?

A. Yes, sir; I think I have, on several occasions; and I found that three of the prominent remedies that we used in our practice, were used to relieve those cases of their intermittent attacks, but, as a general thing, they were not so fully developed as those that were brought from some other latitude; but I can distinctly see it in several families that I treated there.

Q. You think, in proportion to the population there, there has been more sickness from that cause in the immediate vicinity than in other parts of the city?

A. I do perfectly, from my own observation and 997
knowledge.

Q. Have you, in your conversations with Colonel Dwight, known of his being in malarial regions prior to his sickness?

A. Well, he was in the army and at Chicago; he mentioned those facts.

Q. Do you know of his being in malarial districts prior to the war?

A. I cannot say that I do, from his conversation.

Q. Do you know in what part of the South he was stationed while in the army?

A. No, sir; I do not think he expressed that to me, for the reason that he was always telling me some incident that happened to him in the army, without saying much about the locality. 998

Q. You don't know whether he was in Southern Virginia or North Carolina?

A. Not from his conversation; I do not recollect it, at least now.

Q. Do you know that he was further west than Chicago during this last visit to Chicago?

A. I do not remember.

Q. Whether he was in Missouri, or Southwest, or Far West?.

A. No, Sir.

Q. Do you know whether he did have malarial fever previous to the time of his last sickness?

999 A. I have no knowledge; not previous to his last sickness.

Q. You were speaking of the disagreeable odor from the Chicago river; do you know that in the past year the current of that river has been reversed, by which the waters of the Lake are poured in?

A. I do not know that; I have heard people say that they have done that.

Q. What would you consider a fatal dose of gelseminum ordinarily?

A. Well, sir, it depends upon who took it; there is as much diversity upon its poisonous effects upon different individuals as you can imagine; what would kill one man would not phase another—that is, would
1000 not affect him; I found that the principal effect of that remedy upon almost all persons who have taken an overdose is two very prominent symptoms, lightness or giddiness in the head; they speak of that first; then double vision, this feeling of prostration; they have more or less fever, in accordance with the amount taken, and like the effect of all other poisons it is different upon different persons, young or old; those most sensitive would be poisoned by a few drops.

Q. Are you well acquainted with the symptoms of poison by gelseminum—I mean, what would produce death?

A. I have never seen anyone poisoned by it, but I have seen them when they have had the symptoms I
1001 have enumerated by taking it, and often they have had to take ten or twelve drops of the fluid extract.

Q. You have known of no cases followed by death?

A. I have known of no cases of poisoning whereby I should say that gelseminum killed the patient; and my opinion is that it had no poisonous effect upon the Colonel—the quantity he took.

By Dr. Esterbrooke:

Q. What was the size of that depression upon the neck of the Colonel?

A. I saw no depression except under the chin; I could not get it into my mind at any time, that this

upon either side was a depression, but simply a fold upon the interior of the neck; but I have been trying an experiment upon a certain individual in the last few days with a short neck, and I have produced the same fold, and I think it could be done with several persons in this room, that would agree with it after he was dead. 1002

Q. Do you agree with the report of the autopsy in regard to the position?

A. Yes, sir.

Q. Could a cord be introduced into that fold on both sides and drawn taut, and remain in it, while one was above the other considerably?

A. Yes, sir, I remember that; it would be a very small cord that would be introduced there. 1003

Q. If the cord was passed around the neck, do you make those two lines, any cord drawn taut sufficiently so that it would strangle a person?

A. No, sir; I should not think he could do it in the presence of other persons, and they not know it.

Q. The point is simply the position of these creases, this depression, whether a cord would stay in those two creases if drawn tight?

A. One side is higher than the other, and I don't think those two creases could be produced by a cord, and have one higher than the other; I gave particular attention at the last examination of the neck over the river a few days ago, and I noticed that there were three marks, but still that fold in the centre of the other two on each side, or between the other two, but the one on the right side was very indistinct, that is, it was not as plain as on the left side; I stood where I could see on the left, and I saw the fold between the two other places, one very slight, and the other very evident from the collar of the coat, I thought, and from th ecollar of the shirt; the shirt collar; and I noticed when they were taken off, the relations of the three. 1004

By the Coroner:

Q. You were present at the *post mortem* the other day—last Wednesday—do you recognize that body as

1005 being the same one on which there was a *post mortem* held at the Spaulding House, last fall?

A. Yes, sir; I think on both occasions it was the body of Col. Dwight, without any doubt whatever, as far as I know.

Q. Did you ever know Col. Dwight to have any bronchial trouble?

A. Very slight, if any.

Q. Did you ever prescribe for him for it?

A. Not alone; no, sir; I don't think I have.

Q. Did you ever know him to have any trouble of the stomach—gastric?

A. Only such as would arise from something which he did not digest.

1006 Q. Never saw anything go to the extent of producing inflammation of the stomach?

A. No, sir; he never had any inflammation of the stomach to my knowledge.

Q. In these malarious fevers, or pernicious fevers, or intermittent or remittent, do you always have a discoloration of the skin from that cause; supposing it has not arrived at that stage whereby a chill is produced?

A. I think that is a very prominent symptom, that pallor of the countenance, but they don't come from the paroxysm; they simply have blueness of the nails, and a feeling of coldness—not a chill—but a feeling as if there was air coming upon them from under the bed

1007 clothes, or some portions of the room, and still some portions of the body would be warm.

Q. Have you ever seen persons who were strangled with a cord?

A. Never had that opportunity, sir.

Q. Then only from reading, you know about it?

A. I don't know anything, only from reading.

Q. Have you ever read much about it; are you familiar with jurisprudence—medical jurisprudence—touching those points?

A. Well, I have had a general reading only; I have not been placed in circumstances where I have given

it an exact study; I noticed in a new book the doctor 1008
had here, something I would like to hear read, or have the jury's attention called to it.

Q. Their attention will be called to it before this inquest is finally adjourned.

The Coroner: Anything further, gentlemen you desire to know; this witness was a personal friend of the Colonel's and his family doctor, and if there is any thing more to be learned from him in view of his close relationship, we would be very glad to know it.

By Dr. Esterbrooke:

Q. Had there been any improvement in the Colonel's 1009
financial condition since his having left here for Chicago?

A. He stated to me that he had made $10,000 while he was at Chicago, and that he had ideas if he succeeded with the policies of the companies, making them collateral security, of going into business where he thought he could make a very large sum; that was the object in getting those policies—the principal object; he had that in view.

Q. To use them as security to raise money upon?

A. Certainly, as collateral securities for the business he intended to go into, and the last time I saw him—the day I was up to see him—he said he would tell me all about it, but I didn't have that opportunity, and I 1010
would like to say myself that I think that he died a natural death, for the simple reason that I have never found out yet what an unnatural death is, either superficial or artificial, or anything of that kind; if a man dies, he can die only a natural death; there may be a cause, but that cause may never be found out.

Q. Then a man should live until his time comes to die?

A. As for a man's coming to die, he dies when he dies; that's my idea.

1011 By Dr. Brookes:

Q. Do you know the scar on his left thigh?

A. I only know what he told me of it, and what I saw at the first autopsy.

Q. What did he say with regard to that?

A. A wound in the army; a bullet.

The Coroner: This inquest is closed until a week from next Tuesday, at half-past nine o'clock in the morning.

1012

BINGHAMTON, N. Y., May 6th, 1879.

HEARING RESUMED.

H. C. Hermans, sworn.

By the Coroner:

Q. Where do you live?

A. In Binghamton.

Q. How long have you lived here?

A. About five years; between five and six years.

Q. What is your business?

A. Insurance; life and fire.

1013 Q. Were you acquainted with deceased?

A. I was; yes, sir.

Q. How long have you known him?

A. Not far from five years; about five years.

Q. Have you had any business relations with him?

A. Well, not especially; except in the way of insurance.

Q. Were you at the Spaulding House during his last illness?

A. I was; yes, sir.

Q. When?

A. I was with him two nights and a part of two days.

Q. When was the first night you was present? 1014

A. I cannot remember the date, but my recollection is that it was about a week before his death.

Q. When did you next see him?

A. I was with him the night before his death, and up until about noon of the day he died, of the day he died at night.

Q. Were you there as a watcher at any time?

A. I was there for that purpose.

Q. Did you spend a day with him, or night?

A. Well, I spent two nights and part of two days during the last week.

Q. Now, how long before his death was you there; the last time; you say a day?

A. I left about noon of the day he died. 1015

Q. On the same day, on the 15th?

A. I was with him that night and most of the forenoon, with the exception of perhaps two hours.

Q. How did he seem to be that forenoon?

A. Well, he seemed to complain, more than anything else, of prostration; he seemed to be considerably prostrated.

Q. Do you know whether he took much food that forenoon, or not?

A. I don't think he took any.

Q. Was he taking any medicine of any kind that forenoon?

A. I don't think he took anything except—I don't think he took any medicine except—— 1016

Q. You did not give him any?

A. I did not; I gave him baths.

Q. How many baths?

A. I gave him one at about midnight, and another about eleven o'clock.

Q. Was that a full bath?

A. Well, it was to stimulate him; he seemed to complain of great prostration, and I asked him why he did not take something to stimulate him, internally, and he said his stomach would not bear it, and the only way he could stimulate at all, was by taking —I bathed him in bay rum and brandy, &c., &c.

1017 Q. During that day, the last time you were there, did he have any stimulants by the mouth, that you know of.

A. No, sir; he did not have it; I asked him why he didn't, and he said his stomach would not keep it down—could not bear it.

Q. Did he vomit any during that day?

A. He vomited once or twice during the night; whether it was the last night, or the previous night, I cannot tell.

Q. Did he seem to raise anything when he vomited; or was it more of a retching character?

A. It seemed to be retching.

Q. Hard work to vomit?

1018 A. A watery substance.

Q. You had conversation with him during that day, I suppose?

A. I sat by his bed nearly all night, at night.

Q. Did he sleep much?

A. He didn't sleep any of any amount; he seemed to be very nervous; his nerves seemed to be in such a condition that he could not sleep, and he seemed to rather prefer to have me sit by him; I sat by his bed nearly all night.

Q. Any information that you may give, that the jury may want in this case, I desire to have you tell—the story of your being there?

A. Well, I was—they sent for me to come and sit up
1019 with him; I saw Mrs. Dwight during the middle of his sickness; I told her if at any time I could be of any use to them, to send for me; if they needed anybody to sit up, or anything of that kind; so they sent for me; I sat up with him two nights and a part of two days; I think it was during the last week; I think —I can't remember the first night that I was there; but my recollection is, that it was about a week before his death.

Q. During that last day, did you have any conversation with him regarding his sickness, or any conversation of the kind?

A. I talked with him during the night, considerably.

Q. Did he realize that he was dangerously sick? 1020

A. He seemed to; he seemed to realize his condition very fully.

Q. Was he hopeful or otherwise of getting well?

A. Well, he expressed himself in this way; my recollection is, that he said that he seemed to be more reduced; he called my attention to the fact that he was not as he was on the previous night that I sat up with him, and I saw as he attempted to turn over and get up, he seemed to have a great deal less strength than he had the night before that I sat up with him; and he complained, especially the last night, of extreme prostration; and he told me then, that he had had one or two very bad spells; sinking spells, or something of that kind, and he seemed to think—he 1021 said if he could bridge over, if he could bridge over another one of those sinking spells, that he believed he should get up.

Q. Did he tell you anything about his having been sick in a similar way before?

A. No, sir.

Q. He didn't tell you anything about his sickness at Chicago?

A. Well, he told me he was sick in Chicago; I know that; nothing especial about it.

Q. You were not present at any time when he had one of those alleged chills?

A. No, sir; that was, I think, the second night; the first night I was with him was the night after he had 1022 one of those spells.

Q. Did he seem very much prostrated after that time?

A. He seemed to be, very much.

Q. Did you, at any time that you were there, that last night, examine his pulse, to see the condition?

A. I did, frequently.

Q. How did they seem to be?

A. They didn't seem to be fast; I don't know that I counted them accurately, and when he complained during the last night, especially of those sinking spells, as he did several times during the night; I felt of his

1023 pulse frequently then; as I sat by his bed, he would for a few moments go off into a little doze; he would go to sleep for two or three minutes at a time, and then he would rise up and complain of a pain in his stomach; he said: "When I go to sleep that pain comes on and wakes me up," and I asked him why he could not take some brandy, or something of that kind, and he said he could not bear any stimulus; could not take it; could not keep it down; and he wanted me about midnight; he said he felt so much prostrated; he wanted me to bathe him in bay-rum or brandy—I don't know which it was; I gave him a bath then, and it seemed to strengthen him, and he felt a good deal better for an hour or two after that; then he
1024 asked me if I could come up at eleven o'clock that day and give him another; he said he wanted to keep up his strength as much as he could, and see if he could not bridge over this feeling he had of this sinking spell, and I went up at eleven o'clock and gave him another bath, of the day he died, in the evening.

Q. Did you notice any peculiarity of his breathing did he have troublesome breathing, or anything of that kind?

A. I didn't notice any; no, sir; I didn't notice any peculiarity about his breathing.

The Coroner: You can ask him anything you desire, gentlemen.

1025 By Dr. Bassett:

Q. When he complained of this prostration that you speak of, did you observe any peculiar tint or pallor of the skin of the face?

A. Not especially; he was rather pale during the night, I thought.

Q. Did his face seem to be pinched?

A. I didn't observe as it was.

Q. A somewhat contracted appearance in the face?

A. Perhaps at times there seemed to be a rather distressed look; he complained of pain in the stomach considerably; he said he had had it before, a great

deal of pain in his stomach, but after a passage of his 1026
bowels he said it had been better, but at times it came on then during the night; I think he said he had a passage of his bowels after an injection; it seemed to relieve him.

Q. Did you observe any peculiar appearance of the eyes at this time?

A. No, sir; I don't know that I did anything especial; it seemed to be almost impossible for him to sleep; his eyes had the appearance of a man that didn't sleep much; I know both nights I was with him his great trouble was that he could not sleep.

Q. Did his face exhibit any peculiar look of anxiety, or anything of that kind?

Q. No, sir; I never observed it at all except that 1027
he talked with me about his condition and the probabilities of his getting well, &c.; he spoke about his wife and boy; how necessary it was for him to live to look after them, &c., during the night.

Q. I think I understood you that you left him that day, about eleven o'clock?

A. I left about noon; I was with him during the night, and left between nine and ten; I went down to my office, and promised him to come back at eleven o'clock and give him another bath, or bathe him in stimulus or something.

Q. That evening he died?

A. That evening he died.

1028

By Dr. Spencer:

Q. Did you notice any change in his pulse when he complained of the sinking spells?

A. None, unless the pulse was less rapid; they were slower and weaker.

By Dr. Bassett:

Q. What was the condition of his skin at that time, as you took hold of his wrist; how did it feel?

A. I didn't detect any fever; the skin didn't seem to be unusually warm or hot.

1029 Q. You don't recollect whether it was below the natural standard?

A. I think at one time there was some moisture; a little moisture when he was complaining of pain.

Q. Did it feel natural to you, or was there a peculiar coldness or clamminess to it?

A. I don't remember as to that.

By Dr. Spencer:

Q. Was there any irregularity of breathing, and intermission in the breathing?

A. I don't recollect that I observed that there was; he would go to sleep, and sleep for two or three minutes, perhaps; two or three or five minutes at a time, and
1030 that only a very few times during the night; it seemed to be his trouble then; when he wanted to sleep he said the pain would come on and wake him up, and he would put his hand to his stomach; he complained of the pain in his stomach coming on at times.

By Dr. Andrews:

Q. Did he seem at all bewildered when he awoke?

A. Well, I don't know that he did; I recollect once when he woke up; I had his hand in mine; I sat on the bed with my arm on his, and hand—and it seemed to quiet his nerves—my taking hold of his hand, and he seemed to go off to sleep in that way; as he woke up once, I remember his saying: I remarked, "Colonel,
1031 you have had a little nap, haven't you?" he said, "I must have been asleep, because I was dreaming;" he spoke of having dreamed something.

By Dr. Esterbrooke:

Q. Was this wakefulness as great the night you sat up with him?

A. He slept more the first night; he slept, I think, three or four hours towards morning, the first night, pretty well.

Q. Did he complain of being faint, during the night, at all, or simply of being depressed?

A. There seemed to be a faintness or prostration;

he complained of that more than anything else, and 1032
this pain of the stomach occasionally ; I thought him
a good deal weaker that night than he was the night
before that I sat up.

By Dr. Edwards :

Q. Was his skin, at any time, colder than natural,
at any time when you took his hand or felt his pulse ?

A. I don't think it was ; I don't remember ; I didn't
notice that it was.

By Dr. Bassett :

Q. When you have been with him, what was his
general position ; was it on the side or back, or how
did he lie ? 1033

A. Generally on his back ; always, I think ; his
head bolstered up pretty high in bed ; perhaps at an
angle of 45 degrees some of the time, and perhaps
some of the time he would let it down ; I noticed he
had his head up pretty well.

Dr. Dan. S. Burr, recalled by the coroner.

By the Coroner :

Q. I will ask you if that is the original report made
out at the autopsy held at the Spaulding House, No-
vember 16th, I think it was ?

A. November 18th.

Q. Yes, sir. 1034

A. It is.

Q. Was that made out in your handwriting ?

A. It is.

Q. Look it over and see if there has been any
changes made in it after it was signed ; I will ask you
if there were any changes made in it after it was
signed by the gentlemen ?

A. After it was signed ?

Q. Yes, sir.

A. No.

The Coroner : Mr. Foreman, will you compare that

1035 with the original? (Handing him a paper). Dr. Burr will read. It is the last page, the last leaf.

Dr. Burr (reading). "Autopsy of Col. W. Dwight, Nov. 18, 1878, 9:15, A. M. Body put on ice Nov. 16, 11 A. M. External inspection, anterior surface of body. Cicatrix on external aspect of left thigh——"

The Foreman: That is not——

Mr. Richards: That is preliminary. It is not on yours, Dr. Bassett.

Dr. Burr: "Cicatrix on external aspect of left thigh, about its middle, probably from a gun-shot wound. Dr. Swinburne notes a heavy indentation extending upwards and backwards from os hyoides to right around back of neck, and on left side, below
1036 the thyroid cartilage, running upward and backward at about an angle of 45°. Dr. Swinburne and Dr. Ayre think the same, caused by bending head and neck backward. Posterior aspect of body: posterior aspect of left thigh at its middle, another cicatrix, as from a bullet. *Post mortem* discoloration of posterior portion of body. Small ecchymoses in skin of back and shoulders; anterior part of right arm, small ecchymosis. Inner surface of scalp, and outer surface of calvarium, nothing to note. Dr. Swinburne notes fluid blood oozes from vertex of skull on removal of calvarium. Skull cap of normal thickness and density. Inner surface of skull cap normal. Dura mater: inner surface adheres to skull; pacchionian bodies unusually
1037 large and perfect only through dura mater. Dr. Swinburne wishes to note the oozing of blood from dura mater opposite point in skull where it oozes. Inner surface of dura mater on right side unusual vascularity."

Dr. Bassett: That is not there?

Dr. Burr: That is further on.

Dr. Bassett: This speaks of left.

Dr. Burr: "Inner surface of dura mater on left side chronic hemorrhagic pacchy-meningitis, with small extravasation of blood on left side over posterior portion of parietal and anterior portion of occipital

lobes. Pia mater of convexity, normal, except dis- 1038
coloration over occipital lobes from blood. Base of skull, dura mater normal. Base of brain, pia mater normal, middle cerebral arteries normal. Anterior cerebral arteries, normal; posterior cerebral arteries, normal; ventricles, normal."

Dr. Bassett: It is different here.

The Coroner: Tell how it is in the copy?

Dr. Bassett: It didn't follow with that, although the substance is the same.

Dr. Burr: "Substance of cerebral lobes normal as to color and consistence, except that the gray matter is a little darker than usual; brain neither congested nor anæmic; corpora striata, optic thalami, corpora quadrigemina, and medulla oblongata, normal; weight 1039
of brain, three pounds four ounces, avoirdupois; body —rigor mortis well marked; thick layer of subcutaneous adipose tissue; muscles well developed; good color; omentum thickly loaded with fat; abdominal viscera in normal position, except the liver, which is pushed upwards, and the pyloric end of the stomach, which is a little lower than it should be; thorax, lungs, and heart in natural position, except the lungs are unduly inflated, and that the right lung extends a little to the left of the median line; left pleural cavity, old adhesions; about four ounces of serum in bottom of pleural cavity; no adhesions on right side; four ounces of clear serum on right side; amount of serum estimated, not measured; pericardium normal; left lung 1040
one pound and three quarters; bronchi, left lung congested and coated with mucus; upper lobe of left lung congested and œdematous; lower lobe of left lung still more congested and œdematous; right lung, weight, two pounds; bronchi congested and coated with mucus; upper lobe of right lung, at the apex several small fibrous nodules, probably the result of old pulmonary phthisis; rest of upper lobe congested and oedematous; middle lobe normal; lower lobe congested and oedematous; heart, weight, fifteen ounces; right ventricle contains a little fluid blood, not over one-half ounce fluid blood; pulmonary valves a little

1041 thickened at their attached edges; otherwise normal; small clots; cavity of right ventricle about normal size; walls three sixteenths inch thick; tricuspid valve slightly thickened; endocardium of right ventricle and right auricle normal; left ventricle contains a little fluid blood, not to exceed one-half ounce; aortic valves a good deal thickened at their attached edges; left ventricle wall three-quarters inch thick; cavity normal size; endocardium normal; left auricle contains a little clotted blood; mitral valve thickened; papillary muscles, slight increase in fibrous tissue; spleen, weight, three-quarters pound, normal in color, and consistence a little soft; in a wash bowl, rinsed out clean, the stomach was placed before opening;
1042 the stomach contains a considerable amount of a thick grayish fluid, containing portions of undigested food; the contents of the stomach were then placed in three glass jars, half in one, one-quarter in each of other two; the stomach at the fundus, mucous membrane softened and partly destroyed by *post mortem* changes. Pyloric end of stomach mucous membrane studded with small white spots, denoting chronic gastritis. The stomach was then divided and placed in three jars, sealed and labeled "Stomach of W. Dwight, November 18th, 1878." Large intestine, contains feces. Solitary glands slightly swollen throughout its entire length. Mucous membrane not congested. Portions of large intestines were then placed in glass top jars, three in
1043 number, jars sealed up and labeled, "Large intestine of W. Dwight, November 18, 1878." Small intestine contains moderate amount of fluid feces. The duodenum a little congested, and a little swelling of the solitary glands; this is the upper end of the duodenum. Upper part of jejunum mucous membrane not congested, a single aggregated gland swollen. Ileum, upper part, moderate congestion, and some increase of mucus. Agminated glands, a little swollen. Lower portion of the ileum, general congestion, and pretty marked swelling of the solitary and agminated glands. Portions of small intestine placed in three glass jars, sealed and labeled, "Small intestines of

W. Dwight, November 18, 1878." Liver, weight four 1044
pounds and fifteen ounces, fairly congested, rather more than usual; normal color and consistance. Ureters, left rather normal, right rather normal. Left kidney, weight six ounces, congested uniformly; capsules slightly adherent to surface of kidney. Surface of kidney smooth, section appears normal to the naked eye. Right kidney, weight seven ounces, marked general congestion; capsules slightly adherent, surface smooth, no evidence of disease. Bladder normal. Tongue coated, papillae swollen, tonsils normal for an adult. Pharynx normal. Epiglottis, larynx and trachea congested and coated with mucus. Portions of liver and kidneys were placed in glass top bottles and sealed and labeled, "Liver and kidney of 1045
W. Dwight, November 18, 1878." Peritoneum normal. Report of this autopsy read before those present and no objection made thereto.

(Signed.)

A. Comstock,
Francis Delafield,
Dan. S. Burr,
George Burr,
J. G. Orton,
John Swinburne,
Frederick Hyde,
W. L. Ayer,
J. H. Chittenden,
C. B. Richards, 1046
John W. Cobb,
D. Post Jackson,
W. B. Lane,
Lansing Griffin,
T. L. Brown.

By the Coroner:

Q. How does it compare, gentlemen?

Dr. Bassett: It is all correct with the exception of one or two words, which are of no consequence.

Dr. Dan. Burr: I will state that I took this down as it progressed; that Dr. Delafield in copying it, made some corrections as to language, perhaps.

1047 Dr. Swinburne: Mr. Coroner, may I look at that?

The Coroner: Yes, sir; I want to return it in a moment.

By the Coroner:

Q. Dr. Burr, you examined the Colonel before he died, when in health?

A. I did.

Q. Do you remember anything about his pulse; about what was the normal standard of his pulse in health?

A. Well, I don't remember; there was nothing abnominal.

Q. You don't know whether it was seventy or
1048 seventy-five?

A. I could not say.

Q. You were present at one of those chills, were you not?

A. The first one.

Q. Who was present in the house at the time?

A. I think Mr. Spaulding, Mrs. Dwight, and a Mrs. Spaulding, whom I am not acquainted with.

The Coroner: Mr. Foreman, I believe there were some questions you desired to ask this witness.

Mr. Bassett: They have been stated. I have no more questions to ask.

By the Coroner:

1049 Q. Dr. Burr, when there is an enfeebled condition of the heart, as was supposed to be—as is stated, I believe—how much blood would there ordinarily be found circulating through the heart at that time?

A. I don't know as I could state.

Q. The statement made there is, that there was a half an ounce of blood in each of the ventricles of the heart; I desire to know how much less or more than the quantity found was present; whether there was more blood in the heart at that time, or less at the autopsy, in the condition that he was supposed to be when he was sick?

A. I don't get your meaning.

Q. I wish to know whether there was a normal 1050
quantity of blood in the heart according to the autopsy made, that you would expect to find; there was one-half ounce in each of the ventricles of the heart; how much is there ordinarily in the heart in a normal condition as it goes through; circulates through?

A. I don't know as I can state; I never thought of that before; you mean the amount of blood the heart will hold.

Q. Yes, sir; this is the point I desire to find out; it is to determine whether, when this autopsy was made, less or more than there should have been?

A. Oh; *post mortem*?

Q. Yes, sir?

A. It varies in *post mortem* that I have seen, and 1051
made, from as much as that found in this case, to the heart being filled with blood.

Q. Is it owing to the condition, or is it owing to the time in which death takes place, as to the impulse of the heart, how much there would be?

A. I suppose that; I suppose so.

Q. Then, if the person died—it is supposed that the heart is the last to die—if that should live for some time longer, after the lungs were disabled and the brain, would that pump the blood out or would it be full?

A. I can't answer that; I don't know enough about it; I know you can make the heart beat after death, artifically, make it beat for two hours, by inflating the 1052
lungs; keep up the circulation.

Q. It will not beat, I suppose, Doctor, unless there is blood in the heart to stimulate it to actfon?

A. I suppose not.

Q. I suppose its influence is, that the stimulus of the blood is what causes it to beat; at this former chill, when you were present, did the vital parts seem to be feeble, or not?

A. They did.

Q. And there was difficulty of breathing was there, or was there not?

1053 A. It was very marked ; it was a struggle ; almost as if he had been struck on the head.

Q. Was there any difference in the appearance of his face at that time ; was it flushed, congested or pale ?

A. I don't remember ; I was busy trying to ease him, and I didn't pay much attention to his face.

Q. Do you know whether the pupils were enlarged at that time, or not ?

A. I don't.

Q. Was the heat of the body anything like normal ?

A. It didn't strike me so ; it was cold.

Q. Dr. Burr, you was present, was you not, at the Spaulding House a few nights ago, when there was an examination of the corpuscles, or of the blood—alleged
1054 to have been ?

A. I was.

The Coroner : Dr. Esterbrooke, will you examine him ?

By Dr. Esterbrooke :

Q. What is the normal size of a red blood corpuscle?

A. From $\frac{1}{3200}$ to $\frac{1}{3500}$ of an inch in diameter.

Q. Do they vary in different individuals ?

A. They do to that extent.

Q. What is their form ?

A. They are circular one way, and like a double convex lens the other; in that manner (illustrating it) showing a depression in the center.

1055 Q. Double concave ?

A. Double concave, I should say.

Q. Do they ever change this shape ?

A. They do ; upon the addition of water they become spherical, and, upon a further addition of water, they burst and then dissolve.

Q. Will you describe what you saw under Dr. Sherman's microscope ?

A. Under the preparation that Dr. Sherman prepared I saw what appeared to be spherical bodies, similar in appearance to the fat globules you will see in milk, and butter globules you will see in milk ; there is one peculiar feature in looking at blood cor-

puscles; by adjusting the microscope a little within 1056
and without a focus you can change the appearance of the center; in one focus you get a light center and a dark rim, at another focus get a dark center, or get right the reverse.

Q. Would this change in shape increase or diminish the diameter?

A. I don't know that; I never measured them in that way.

Q. Was there any other red corpuscle examined there at the time?

A. Yes, sir; I asked the doctor to put some under, and furnished the blood.

Q. How did the two compare?

A. The preparation of the fresh blood showed the 1057
distinct changes which I have spoken of readily, and were quite marked from the others, I thought.

Q. Was there any difference in the size of the two?

A. I think there was; the fresh blood was uniform in size, while the other specimen varied very much.

Q. I mean was that of the fresh blood larger or smaller than the other?

A. I think it was larger.

Q. Did you notice anything besides these spherical bodies in the specimen the doctor presented you?

A. I did not; the doctor was so positive that they were blood corpuscles that I did not look for anything else.

Q. Would this spherical condition change this ap- 1058
pearance that you speak of from the dark to the light center upon the focusing?

A. It would.

By Dr. Bassett:

Q. Allow me to ask you one or two questions; I understand you to say that his breathing during the chill was very difficult or marked?

A. It was; it was a struggle.

Q. What, under those circumstances, would have been, provided he died in that—what would have been

1059 the pathological condition of the lungs, and the heart and the blood?

A. I don't know; could not state.

Q. Would you expect, under those circumstances, to find the lungs and the heart in the same condition that you would expect to find them providing that he died from some other causes?

A. I should expect to find them more or 'ess congested, and probably distended with air.

Q. Would you find the blood the same chemically?

A. I should expect to find it dark-colored.

Q. Different from what you would ordinarily?

A. Ordinarily; yes, sir.

Q. Well, in that case, would you find more blood in
1060 the right ventricle than you would in the left?

A. What is that, sir?

Q. I say, would you expect, under those circumstances, to find more blood in one cavity than in the other?

A. I should expect to find more in the right side of the heart.

Q. Would you find any in the left?

A. Only a little I should expect to find.

Q. Would that in the left assume the same appearance that it would from ordinary death?

A. That I don't know; I have not thought of that.

Q. You don't know whether it would be of a grumous nature or anything else?

1061 A. I don't.

By Dr. Esterbrooke:

Q. What would you call those bodies you saw under the microscope?

A. I judge them, from the examination I made, to be fat globules, although I would not say they were; it was not a thorough examination, but that was my first impression on looking at them.

By Dr. Andrews:

Q. Doctor, how often was the temperature of Col. Dwight noted during his sickness, as near as you have information?

A. Well, it was every two or three days, I think, along in the first part of his sickness; as I stated before, he seemed as if coming down with the fever, and I was watching it more close the first three or four weeks than I did afterwards. 1062

Q. Later it was not noted so frequently then?

A. No, sir; later it was not noted so frequently.

Q. You never saw any exacerbation of fever at any time, any fever symptoms, that is, increased heat?

A. Not by the thermometer.

Q. Did you by the touch observe whether there was any increased heat?

A. No; I can't say that I did.

Q. Have you ever known of any case of pronounced fever where there was not increase in the heat, and frequency of pulse? 1063

A. I don't know that I have, although at the same time that the Colonel was sick I had a case in which there was increased temperature and no increase of the pulse.

Q. Do you know of any case recorded as fever, or death occurring from fever, in which there was no increase of temperature or pulse?

[No answer.]

By Dr. Bassett:

Q. This paper purports to have been taken from the original report; did you—this was a copy, as I understand it, of the original report of the autopsy, and I ask the doctor if he wrote this? 1064

A. I did not; I made no copy at that time.

Q. It is the same in substance precisely as the original, but it is not worded exactly so?

A. I think Dr. Jackson commenced a copy for Dr. Swinburne; whether he finished it or not, I don't know.

Q. When you were writing the report of that autopsy, did you have an opportunity to examine the pathological condition of the parts?

A. I did; the doctor would examine the parts before him, and then invite all present to look at them

1065 and inspect them, and then he would state to me what to put down, and that accounts for the little discrepancy.

Q. In the wording?

A. In the wording of the report, and Dr. Delafield made one copy of the autopsy himself, and probably changed the wording and phraseology.

By Dr. Andrews:

Q. Did the great prostration spoken of as attending the alleged first chill continue for any length of time?

A. I think it was two or three hours afterwards he felt it.

Q. The prostration was not marked for two or three
1066 days?

A. No, I think not.

Q. Seemed to be as well as before, apparently?

A. Yes, sir.

Q. After three hours?

A. After three hours—after two or three hours.

Q. Any dropping of the eyelids, or apparent paralysis of the lids, during that time?

A. Not that I noticed.

Q. Was the second alleged chill, on the week following the first, distinctly marked?

A. It was not distinctly marked; there was considerable pain the latter part of the week and increased sleeplessness, which, by the free use of opiates, he
1067 seemed to bridge over; after he got a sleep—two hours' sleep—it seemed to refresh him all over.

Q. Was there any difficulty of swallowing food or drink at the time of these alleged chills, or following them?

A. I think there was before, but I am not certain.

Q. Before the chill?

A. Yes, sir.

Q. You didn't notice any as he recovered from the chill?

A. No, I did not.

Q. Did you notice at any time whether his vision seemed to be impaired during his sickness?

A. I don't remember.

By the Coroner: 1068

Q. Dr. Burr, during the time of your attendance upon deceased, you took notes, didn't you, of the temperature?

A. No; I took no notes of the temperature.

Q. Do you remember anything about the temperature as you did examine him, and how many times did you examine him, and what days?

A. I remember the temperature was just about normal—98°—a little bit over.

A. As an expert, the examination of the blood corpuscles, or alleged to be such, at the Spaulding House, what was your opinion as to whether they were or they were not blood corpuscles?

A. I am not an expert, but with the use of the mi- 1069
croscope, with which I am familiar, I don't think I could be deceived by a fat globule and mistake it for a blood corpuscle.

The Coroner: Anything further from this witness, gentlemen?

By Dr. Bassett:

Q. I believe it has been stated, but Mr. Richards speaks as if he would like to know what was injected hypodermically that night; I understood before what it was, but I would ask Dr. Burr again what was injected hypodermically?

The Coroner: And what time? 1070

Q. At what time?

A. I noted that down soon after the colonel died; if I remember rightly from my notes, I came there at about 8.15, and gave him an equivalent of $\frac{3}{4}$ of a grain of morphine in solution by the mouth; I was to call again at 9.15 and administer hypodermic injections as I had done before; I did so, and gave him two, of ten minims each, of Magendie's solution.

Q. You had given the same amount before?

A. I had; and had no hesitation in giving it to him then.

1071 Q. At the times before, it had no deleterious effect whatever?

A. Not the least bit; when I came in at nine o'clock, the colonel was not sleeping, but saying he felt easy, and as I administered the injections to him, I chatted with him; he seemed cheerful, and as soon as I had done, he said, "now I think I can go right to sleep and have a good nap;" there was no huskiness in his voice, no thickness in his speech, or anything; he was just as natural in that respect as could be.

Q. Whenever you made your visits, how did you generally find him; in what position in bed?

A. The latter part of his sickness, he was bolstered prétty well up in the bed; his head high, and generally
1072 laying on his back.

Q. Did he seem much prostrated at those times, that you observed?

A. There was a gradual weakness, as you may call it—prostration.

Q. Why was it; can you give any reason why he wished to be bolstered up; did he say anything about it?

A. He did not.

Q. Only that prostration?

A. He gave no reason at all; it was not marked enough for me to ask him.

The Coroner: Anything further, gentlemen; Doctor, I guess that will do.

1073 Dr. Swinburne: Ask him why that note was made there in that *post mortem;* he made all those interlineations.

The Coroner: I asked him if he made anything since; if it was read after being signed.

Dr. Swinburne: There are several interlineations.

By the Coroner:

Q. I will ask you, Doctor, whether that original paper, or notes of the *post mortem* examination—whether it was read after it was signed, or before?

A. It was read before it was signed; I put my name to it first, passed it to the next name, and so on.

Dr. Swinburne: There are several interlineations, 1074
some of which he made, and after that the doctor says it was not read; those were put in there, and those were not read again.

Dr. Burr: I said I had no recollection of its being read as amended.

Dr. Swinburne: And then why was this last portion of that point marked with a cross there, and then a long dash, if it was not that they were a note put in after they were read?

The Witness: Let me take the records, and I will explain it.

(Notes handed to the witness.)

1075

The Witness: The first interlineation, the sentence read as follows: "Dr. Swinburne notes a heavy in-"dentation extending from os hyoids to right around "back of neck, and on left side below thyroid cartilage, "running upward and backward at an angle of about "45°." As I read this, Dr. Swinburne said, "extend-"ing upward and backward," and was very marked that we should put that in, "and to the right." And then I read that sentence over as amended, and past on to the next one; here, where you see there is a cross, that is an "&;" "Dr. Swinburne & Dr. Ayer;" Dr. Ayer first spoke of it, and then you were talking together, and you nodded your head, and I put it down; "Dr. Swinburne and Dr. Ayer—that is no cross. 1076

Dr. Swinburne: I would ask the coroner to call me again on that point; I would ask that privilege.

Mr. Richards: There is a dash over the cross.

The Witness: Yes, sir; that is the commencement of the new sentence merely; this erasure here—it states "Dr. Swinburne wishes to note the oozing of blood "from dura mater opposite vertex of head," is erased; that was by myself as I wrote it—"oozing of blood "from dura mater opposite point in skull where it "oozed," I was using, as near as possible, Dr. Swinburne's words.

1077 Dr Swinburne: That is not the point that we cavil about; it was the other.

The Witness: "In the upper lobe, right lung at the apex, several small fibrous cicatrices," was stated by Dr. Delafield; this is erased; coming to read it over, on reading it through, Dr. Delafield said that was wrong, that he did not say so; if he did say so, it should be nodules, that was put in over, and cicatrices erased as you see there.

Dr. Swinburne: You mean to say that as coming from me—that erasure?

The Witness: That is Dr. Delafield.

Mr. Richards: You said Dr. Swinburne.

The Witness: I beg your pardon, Doctor; I didn't
1078 mean that; in this interlineation here - the heart right ventricle contains an interlineation—"probably not over one-half ounce fluid blood;" that was probably as Dr. Delafield added afterwards; he said right ventricles and then added "probably not over one-half ounce fluid blood;" another interlineation; "pyloric end of stomach mucous membrane studded with small white spots, denoting chronic gastritis," I put it down and Dr Delafield said "chronic gastritis;" that was interlined; another erasure "report of this read," I omitted autopsy, so I scratched out the word "read," and it reads, "report of this autopsy read before those present;" I think that is all the interlineations there are.

1079 By the Coroner.

Q. Those were all made by you at that time, were they, Doctor?

A. They were.

By Dr. Bassett:

Q. Was it before it was read, or after?

A. There was only one made as it was read; the rest were made in my writing of it.

The Coroner: Gentlemen, I hope you will get all the information you want out of this witness now; I

don't want to call him again; anything further? [No response] if nothing further, that will do, Doctor. 1080

D. Post Jackson sworn:

By the Coroner:

Q. Where do you live?

A. Binghamton.

Q. What is your business?

A. Phys'c'an and surgeon.

Q. How long have you practised?

A. About sixteen years.

Q. Were you acquainted with deceased?

A. I was.

Q. How long did you know him?

A. I had known him ever since he had been here; 1081 when he moved here; about ten years probably—somewhere near ten years.

Q. Have you had any business relations of any kind with him?

A. No, sir; not except an examination; I examined him for a life insurance.

Q. When?

A. In July.

Q. Last July?

A. Yes, sir.

Q. In what condition did you find him then, physically?

A. I could discover nothing except perfect health; 1082 he appeared to me to be in better health than I had seen him in a long time, apparently, and on physical examination I found no evidence of unsoundness.

Q. Do you remember in that examination, or any other the condition of the pulse; how much it was?

A. It was normal; about normal; I don't remember the exact quantity, but it was natural.

Q. What should be about the standard in a man of his health, habits, size, &c.?

A. Well, from 65 to 75.

Q. Doctor, were you present at the post mortem examination at the Spaulding House in November last?

1083 A. I was; yes, sir.

Q. You were one of the doctors signing that post mortem examination?

A. Yes, sir.

Q. Did you take an active part in that examination?

A. No, Sir.

Q. Were you where you could see the body as it was opened, and the different parts as revealed?

A. I didn't get there until after the cavity of the cranium was exposed; the first part of the autopsy I was not present at.

Q. (Handing printed autopsy to the witness.) Tell the jury at what stage of the taking of these notes
1084 you were present?

A. I arrived there at the time—I think that the first appearance—post mortem appearance dictated by Dr. Delafield, after I arrived there, was that one in which it states that the dura mater, external surface adherent to skull; no; skull cap of normal thickness and density; that was the first dictation I heard, "inner surface of skull cap normal."

Q. In the post mortem then held, I will ask you, Doctor, if you were familiar with the post mortem appearances of persons who have died?

A. I am, to a certain extent; I have made a good many post mortem examinations, and witnessed a great many without making any specialty of morbid
1085 pathology.

Q. Have you ever seen a case of congestive chills?

A. No, sir I have not—not of malarial congestive chill.

Q. And of course you have not made a post mortem of such?

A. No, sir; I have seen chills connected with congestion, but not malarial.

Q. We refer particularly to congestive chills from malarial poisoning?

A. No, sir.

Q. At that examination that was then held, I will ask you, Doctor, your opinion, whether that re-

veals a cause for death, natural or unnatural, aside from any history you may have of the sicknes? 1086

A. Well, if I had had no history, I don't think that I could have determined from the post mortem the cause of death; I think it would have been difficult for me to be able to determine what did cause his death.

Q. In a large number of fevers, do you get structural changes where persons die?

A. You get characteristic lesions.

Q. I mean structural changes?

A. Of the organs?

Q. Any part of the system?

A. Well, that depends a great deal upon the extent of time which the fever has run; in malarial fevers 1087 that have run a long time, wherein malarial poison has been working in the system a long time, you get structural changes.

Q. State to the jury, Doctor, what those changes are, ordinarily?

A. In what character of fevers?

Q. In this kind of fever?

A. Malarial fever?

Q. Yes, sir; or congestive chill; we will confine it to the more severe form of malarial fever?

Q. Well, in congestive chills—in the fever—congestive malarial fever, where they die in the congestion—in the congestive state, there is hardly an opportunity for there to be structural change; there would be 1088 more changes in the condition of the organs, through the disturbances of the circulation caused by the congestion; whatever organs; and all the organs, or any particular organ that may be congested; the lungs and the brain.

Q. In what condition would you find the heart?

A. Well, I am not familiar enough with the post mortem appearances of congestive chills to tell, except perhaps theoretically, what might be the condition of the heart.

Q. You have been present when Dr. Burr has sworn

1089 to the condition of this man during the time of his sickness, have you not?

A. Yes, sir; I heard Dr. Dan. Burr's testimony, not Dr. Geo. Burr's.

Q. With this previous history as testified to, is this post mortem appearance compatible or incompatible with that history of the case?

A. I should think it might be compatible with Dr. Burr's history of the case—the testimony that I heard; at least as near as I can remember; of course, I had to remember the appearances; I took no notes, and I had to recall the appearances of the body at the time when the post mortem examination was made.

Q. Are those notes in your mind now familiar?

1090 A. No, sir; I have not seen them since.

Q. I wish you would look them over (handing autopsy to witness); it will refresh your mind in regard to it; I will ask you again, Doctor, if those are such appearances as you might expect to find?

A. As I said before, I never had seen a post mortem of persons who died from congestive chills.

Q. From analogy?

A. My impression had always been that a person who died from congestive chill had more appearances of congestion about the body than I saw in Colonel Dwight; I should have looked for more congestion of the lungs and brain than was discovered in that *post-mortem*.

1091 Q. Now, Doctor, I will ask you what condition would you expect to find the brain, the heart and the lungs in if a person had been slowly strangled; that is, that the air had been suddenly shut off from the lungs, but that he had breathed perhaps a dozen times or more, but there had been a gradual lessening of the vital powers, by there not being sufficient air to aerate the blood?

A. Well, I should expect to find the lungs congested—somewhat inflated—through the inability of the air that was already in the lungs to escape, and a dark condition of the blood; the blood charged with carbonic acid gas more or less, and I should think more

or less congestion of the brain, according to the 1092
amount of pressure upon the vessels of the brain; if the returning vessels from the brain were tightly compressed, I should expect to find a good deal of blood in the sinuses, and effused; may be effused, and may be not, but I should expect to find the sinuses full.

Q. How about the heart?

A. Well, I would not expect to find much blood in the heart.

Q. As to its character, Doctor; would it be fluid?

A. I should think it would be fluid, sir.

Q. Have you ever witnessed a case of autopsy from this cause spoken of?

A. No, sir; I have not; I am speaking simply from reasoning. 1093

Q. The same that you do of malarial chills?

A. Yes, sir; it is reasoning upon what might be the physiological changes coming on during the process of slow strangulation, and the stasis remaining when the man died.

Q. Would you expect to find more or less blood in the right side of the heart, under the circumstances named?

A. Well, what blood there was there——

Q. More than in the left, I mean?

A. Yes, sir; I should think so.

Q. Now, doctor, I will ask you the same question that I did in regard to chills; congestive chill; is this condition named or not, what you might expect to find in asphyxia from a slow form as we have named. 1094 as revealed by the post mortem?

A. You mean could the changes in a congestive chill be similar to those in cases of asphyxia.

Q. Yes, sir.

A. Well, I should think they might be similar in one respect; simply if there is congestion of the lungs severe enough to stop the breathing, like a case of pneumonia, for instance, severe pneumonia, where they are taken down very severely, the air cannot get through the lungs; why, the changes throughout the body might be something similar to those of asphyxia;

1095 of course if the lungs are thoroughly congested all through, it shuts off the breathing.

Q. How does that form of death that you speak of —strangulation and drowning—differ as to the results?

A. Strangulation and drowning?

Q. Strangulation in this form, drowning, or congested condition of the lungs by disease?

A. I should think that the condition—the manner of death would be something similar between drowning and a total congestion of the lungs.

Q. In that case, where does death take place first; what is the primary cause?

A. I think it is from compression of the brain, on account of the non-oxidization of the blood; it be-

1096 comes over charged with carbonic acid gas.

Q. Would you, in that case, get coma?

A. You would; yes, sir.

The Coroner: Dr. Bassett, you may examine Dr. Jackson.

By Dr. Bassett:

Q. I understand you to say, you arrived there after they removed the bone——

A. After the removal of the skull cap; just as I got there he inserted the chisel and pried the scalp off.

Q. Now, what were the appearances of the dura mater?

A. The dura mater was congested; the veins in the

1097 dura mater seemed to be congested quite a little.

Q. Little or much?

A. Well, more than natural, I should think.

A. After going through the membranes, what appearances did you discover about the brain?

A. The substances of the brain looked healthy to me as he removed it; he removed the brain in mass.

Q. Were there any spots of extravasation in any place?

A. I believe there was effusion between the dura mater; I think inside the dura mater; in the pia mater and dura mater as near as I can remember.

Q. What were the conditions of the sinuses?

A. Well, I don't know that I remember that; when 1098
I got there, they were crowded around the table, especially around the head, and there were quite a number there, and I had a back seat, and when it was opened I could not see distinctly what the condition was; I don't remember the condition of the sinuses; Dr. Delafield called off the condition, and then he took and scooped the brain right out and laid it upon a tray and opened it; I don't remember what mention he made of the sinuses now; the first part of the examination after I got there, I depended more upon his dictation, than I did upon my own eyesight, because as I said, I had a back seat—sat back and did not get near enough to see.

Q. What organ or organs were next examined? 1099

A. Next, the brain.

Q. Yes; go on?

A. The lungs.

Q. How did you find them?

A. The lungs appeared to be congested more than they should be—more than they usually are in post mortems from disease.

Q. Did you observe any ecchymose spots, ecchymoses, on the external surfaces of the lungs?

A. I think attention was called to a few spots there, and I think I remember seeing them.

Q. How many do you suppose you saw?

A. I could not tell.

Q. Did you discover any rupture of the heart 1100
cells?

A. No, sir; I did not.

Q. Not at all?

A. No, sir; as I said, I depended more upon Dr. Delafield's dictation, and whenever I could get my head over and get a squint, why I did; there was no accommodation, so that I could examine carefully the process as it went on; not in the first part of it; later, they were scattered around more.

Q. What were the conditions of the mucus membranes of the larynx and trachea?

A. There was considerable mucus lining all the

1101 mucus membrane of the trachea and larynx, so that you could take a knife—I remember Dr. Delafield's taking a knife and scraping it right off; it looked as if there had been a good deal of bronchial irritation, a hyper-secretion of mucus, over secretion.

Q. Then you next saw the heart examined?

A. Yes, sir.

Q. How did you find that?

A. Found in it about the amount of blood that Dr. Delafield speaks of; they estimated it at about half an ounce, and the muscular substance of the heart seemed to be drained; there did not seem to be much blood in it; Dr. Delafield spoke of the heart as being small for a man of Col. Dwight's size, stature.

1102 Q. Did you feel of it?

A. Yes, sir.

Q. Was it firm?

A. Firm, and there was nothing about the walls of the heart that seemed to be unnatural to feeling, to the touch.

Q. What was the thickness of the walls, as near as you could judge?

A. I don't remember whether they were any thickness or not; I simply felt of it to see if there was any structural disease; I noticed that there was some thickening of the valves; in pressing the valves up upon the finger, you could see the edges of the valves were somewhat thickened.

1103 Q. Did you find any blood in the left cavity of the heart?

A. I don't remember; it was afterwards the—I don't remember that there was any blood found; as near as I can remember, the right ventricle was opened, and the amount of blood there was spoken of by parties around, and it was estimated that it was about half an ounce of fluid blood—no clot, no coagulum.

Q. Now, supposing you were called to make an examination of a body, and you had been informed that they had died with a chill, what would be the conditions that you would expect to find?

A. I should expect to find more or less congestion 1104
of all the internal organs, if he died in the cold stage, that is, in the frigid.

Q. Taking Dr. Burr's statement that the breathing was difficult and marked—specially marked?

A. I should expect to find, I should think—I should expect, in commencing a post mortem examination in a case of that kind, to find more or less congestion; if the blood is away from the surface, you have got to find it somewhere, and in a severe chill the capillaries on the surface are generally contracted, and the circulation is obstructed, and yet the heart is pumping away, and the blood has got to be somewhere, and you have got to find it somewhere, and I should expect to find it in the capillaries of the external or- 1105
gans.

Q. If the breathing was difficult and marked, as in this case, wouldn't the blood be properly oxygenized?

A. Right in the condition? right in the time of the chill?

Q. Yes, sir?

A. I should think not; because I should expect to find a sluggish circulation through the lungs, and a difficulty of this blood becoming oxygenized in consequence of the slow current.

Q. Then would you expect to find a chemical change in the blood?

A. I should sir, in case that is prolonged so as to affect the whole circulation; I should then expect to 1106
find—; well, I should expect to find a lack of that chemical change which is necessary for a healthy condition of the blood, and that is the oxygenation.

Q. In that case, what would be the color and the consistency of the blood in the left cavity of the heart?

A. I should think it would be dark and fluid; all the blood that is charged with carbonic acid that has been taken up from the tissue—; oh, in the left cavity?

Q. The left cavity I am speaking of?

A. Well, I should expect—; I was thinking of

1107 the right cavity where it discharged blood; that would be fluid, dark color.

Q. You wouldn't expect to find the quantity equal in the cavities, would you?

A. No, sir; I should not think that in the left side you would find a great deal of blood; the heart, of course, would keep pumping away as long as there was any life, and if the venous circulation through the whole body was obstructed more or less by congestion, the action of the heart would become feebler and feebler, until finally the last pulsation would not expect to leave any blood in the heart.

Q. Would you think some blood would be there?

A. Yes, sir; I should think there would be some
1108 blood in the heart, but I should think—well, I should think you would find blood that would be arterialized; if it got back to the heart it would be more or less oxygenized, and I should think it would be more coagulated in the left side of the heart.

Q. If it was poisoned by the want of oxygenation, would you not expect to find it dark and grumous?

A. Yes, sir; but I should think in cases where the obstruction to the circulation was not complete, and the breathing was going on, I should expect to find the blood passing back from the lungs into the heart more or less arterialized—aerated.

Q. The blood in the lungs has already been poisoned, has it not?

1109 A. The blood in the lungs has been poisoned, yes, but may be before the congestion was perfect enough to poison the blood in the lungs there may have been blood passing back to the heart more or less; it was arterialized; it may be imperfect, but more or less oxygenated; of course, in breathing in that way he is drawing oxygen all the time into the lungs, and that oxygen cannot help coming in contact with more or less of the blood, and it would consequently oxygenate.

Q. Still, it would be slight?

A. Yes, sir; dependent upon the question of congestion; if the congestion was strong enough to fill the

lungs up so that no blood could go into the lungs or 1110
out, why there it would stay.

Q. Now, in a case of slow strangulation, what would be the condition then; would it resemble the other, if you had very slow breathing?

A. Well, in case of slow strangulation — what is called slow strangulation—I should call that a slow poisoning of the blood, and, of course, it would not be a quick death; a man could stand a good deal of slow strangulation before he died.

Q. What would be the marked features of the blood between the right lung and the left cavity of the heart in slow strangulation, and in the other of congestive chill, where the breathing was marked?

A. Where the breathing was obstructed? 1111

Q. Yes, sir; difficult?

A. In both cases there would be, of course, an imperfect oxygenation of the blood to start with; there would be two effects—the same effect from two causes, more or less, that is, congestion and obstruction from congestion and the obstruction—an imperfect arterialization from the blood would be two causes that would be apt to produce, I should imagine, something of the same effect; I should think that the effects would be something similar in that case; I don't see how it could be otherwise; you know I am reasoning simply from cause and effect; not in any special connection with this case; the physiological causes and effects. 1112

Q. Reasoning from analogy?

A. Yes, sir; if the effect in slow strangulation and congestion of the lungs with obstructed respiration would be similar, and the answer is that both causes would produce imperfect oxygenation of the blood, and there being two causes it would produce somewhat the same effect, reasoning from physiological cause and effect.

Q. The pathological conditions, as I understand you would be very nearly the same?

A. I don't know how nearly; but I should think

1113 they would be similar in that one particular; the blood certainly would be deficiently ærated in either case.

Q. In a case where the breathing is marked, as Dr. Burr says, what would be the condition of the mucus perhaps found in the bronchial tubes?

A. I should think that there would be more mucus than there should be, that that of itself would produce an irritation in the trachea and bronchial tubes.

Q. Would you expect to find globules of blood, small particles of blood, mixed with the mucus?

A. I should hardly expect to, unless there was congestion severe enough to cause rupture of the air cells and an effusion of blood into the air cells; it might find its way up into this mucus; in a very severe bron-
1114 chitis, where you get congestion of the vessels of the mucous membrane of the trachea and bronchi, and bronchial tubes, you will get blood globules in the sputa, in the expectoration, in the sputa of the bronchial tube, but I hardly think I should expect to find blood globules without that congestive stage that is preliminary to inflammation; still you might, for all that I could state to the contrary.

Q. What effect would this continuous vomiting have upon the general system—the general powers of the system?

A. Why, it would have—of course it would have a depressing effect to start with, and then it would have the effect of preventing nutrition of the parts; of
1115 course, if the vomiting is continued for any length of time, it prevents the introduction into the system of the elements required to nourish the system.

Q. The nutritious matter?

A. Yes, sir; and the waste would go on out of proportion to the repair, and you would find that the tissues would be emaciated in long continued vomiting; I should think most all the fat in the body would be taken up and used.

Q. Would you expect that a person would be as liable to rally from a second chill as from the first, after the lapse of seven days with continued vomiting?

A. No, sir; I should think not; the seven day's 1116
vomiting would take a great deal of the vitality and power of resisting a second attack.

By Dr. Andrews:

Q. Doctor, was your attention called to that depression in the neck, extending backwards?

A. No, sir; that was all through with before I got there; when I got there the scalp was all laid open; it was over the neck; covered it all up, and I didn't notice that and heard nothing said about it.

The Coroner: Doctor, I guess that is all.

Recess taken until 2 P. M.

1117

AFTERNOON SESSION, May 6, 1879.

Dr. Joseph H. Chittenden, sworn.

By the Coroner:

Q. Where do you live?
A. Binghamton.
Q. What is your business?
A. Physician.
Q. How long have you practiced?
A. Since the spring of 1863.
Q. Was you acquainted with deceased?
A. I was. 1118
Q. How long did you know him?
A. Ever since he has been here here in the City.
Q. Did you ever have any business with him?
A. No, nothing more than to examine him for life insurance.
Q. When did you examine him?
A. I examined him last fall.
Q. More than once?
A. Twice.
Q. How did you find him at those examinations as to his health?

1119 A. A well man, a healthy man.

Q. You were present at the autopsy in November last at the Spaulding House, upon deceased, was you?

A. Yes, sir.

Q. By whom was that autopsy made?

A. Dr. Delafield, of New York.

Q. Where was he lying at the time?

A. It was in the hall of the Spaulding House.

Q. Who was present at the examination besides Dr. Delafield; a number of doctors?

A. A number of doctors; yes, sir; several from abroad and a number from the City.

Q. I will ask you if you were present at any time
1120 during the sickness of deceased?

A. I was not.

Q. Give this jury his general appearance when you saw him in the room after death; did you recognize the body as that of Walton Dwight?

A. Yes, sir; recognized him; no trouble.

Q. You were present at the entire examination?

A. I was; yes, sir.

Q. In what condition did you find the body—the different parts—we will say the heart; was it normal, healthy, or otherwise?

A. It seemed to be.

Q. How much blood did it contain?

A. A small quanity.

Q. Fluid or coagulated blood?

1121 A. Mostly fluid; a small part coagulated.

Q. Did you examine the cells of the heart?

A. I took hold of it; I saw them; yes, sir.

Q. Were the cells healthy, apparently, or not?

A. They seemed to be.

Q. In what condition was the brain?

A. In that condition as described in the minutes of the autopsy.

Q. And the lungs?

A. They seemed filled with fluid blood; a sort of œdematous condition.

Q. Was there any secretion more than natural in 1122
the bronchial tubes?

A. I should suppose not.

Q. There is mention made in that report of there having been some little spots on the shoulders of the deceased; how do you account for those?

A. I don't know, sir, how to account for them unless—my attention was called to them—these little ecchymosis spots upon the different portions of the body.

Q. Doctor, you are somewhat familiar, are you not, with making *post mortems* and having seen them?

A. I have seen numbers.

Q. Were you in the army?

A. I was, sir. 1123

Q. How long did you serve?

A. I served from May, 1863, till the following year in September? that is, I stayed long after to close up the hospital; long after the war was over really; sixteen or eighteen months.

Q. Were there frequent *post mortems* made there?

A. Often made them; yes, sir.

Q. Doctor, were you ever present when a *post mortem* was made upon a case that was alleged to have died from congestive chill?

A. Yes, sir.

Q. State to the jury, if you please, the pathological changes or condition of the body as regards the viscera? 1124

A. I want to explain first; I had minutes of this whole autopsy, and I have been unable to find them, and I shall have to give it from memory; the brain seemed to be in a somewhat congested condition; the lungs were filled with fluid blood; the heart also contained some clotted blood, not large clots, as we many times see; the stomach was empty; I saw the case before he died; he had the constant vomiting, the irritability of the stomach; the spleen was somewhat enlarged, but softish in consistency; the kidneys were normal, as near as I can recollect.

Q. Have you a history of the case, so that you can

1125 tell what chill this was; whether it was the first, second, or third?

A. It was the third chill, I think; it was the first after he came from the hospital.

Q. Do you know how many days before the first one occurred?

A. My recollection is that it was of the tertian variety, every other day having a chill, and this chill—he was brought to the hospital the day before, and his chill came on this day, and a sort of a collapse, and he never rallied; he died in a few hours after the chill came upon him.

Q. When this chill came on, did you see him?

A. Yes, sir.

1126 Q. Describe to this jury the symptoms of that chill, as near as you can.

A. It was a state of collapse and shivering; pallid countenance, pinched look, cold surface, and, as I remarked before, constant vomiting; he could not retain anything; it was difficult to give him anything—could not give him anything by the mouth; he rejected it; there was a small, feeble pulse; respiration was hurried and difficult, and he finally died in a sort of collapsed condition.

Q. Did he seem to sink away, or did he die in some sort of convulsion?

A. He seemed to sink away quietly.

Q. By giving way?

1127 A. The powers left seemed simply to be just overpowered.

Q. What age was this man, about?

A. I should judge him to be about thirty.

Q. What was his physical condition as to strength, &c.?

A. It seemed to be fair; he was a man who had evidently been in that region of the country but a short time; a construction corps man he was called; he had been down below Nashville, Tennessee.

Q. How much flesh did he have?

A. I think he was a man that was fairly nourished.

Q. In opening the walls of the abdomen, did you observe much fat, or not? 1128

A. He was not what you would call a fleshy man, but a man that hadn't been sick any considerable length of time; he had been down the river at Chattanooga, and was brought up the day before and placed in the hospital, and his history was that he had had chills, and I recollect that he had had a couple, this being the third; he was brought in late at night, and this chill occurred the next morning.

Q. How long did you see him before he died?

A. Perhaps a couple of hours; he was not under my immediate care; he was under the care of the other physicians.

Q. What was the condition of the stomach; was it inflamed, or not? 1129

A. Well, I don't remember particularly; there was not much in the stomach; there had been such vomiting.

Q. Was the stomach congested, or anything of that kind; was there anything about the appearance of the stomach to indicate vomiting?

A. Well, it seemed to be—I don't remember clearly as to that; my own impression is that it was somewhat congested; the internal organs seemed to be more or less congested; that is, not the normal quantity of blood in them.

Q. Doctor, in comparing these two cases, of the autopsy held in the Spaulding House and this case that you have spoken of, how do they differ; the heart, the lungs, brain, spleen, bowels, stomach? 1130

A. In some respects, they are similar.

Q. Just state to this jury, if you will, how they differed, as near as you can remember; are you familiar with the *post mortem* made here?

A. Yes, sir.

Q. Has your attention been called to it, so that it is fresh in your mind now?

A. I looked the matter over some.

Q. Then you would be competent to judge something about it?

1131 A. The difference in the brain, perhaps—there was no clot, I believe, that was found here in this *post mortem*, that existed in that case.

Q. Was there any oozing of the blood, as spoken of, from the membrane?

A. I don't remember that there was.

Q. Was the brain entirely healthy, with the exception of the accumulation of the blood?

A. It seemed to be.

Q. How did the heart differ from that of——

A. The heart seemed to be healthy; it didn't differ materially; perhaps a little more blood in it, than in this heart; a little more clotted blood perhaps; the blood was fluid in the body?

1132 Q. It was?

A. Yes, sir; it was a dark fluid blood, but there was more clot in that heart than there seemed to be in this.

Q. The lungs, how were they, as compared with this case?

A. They seemed very much alike.

Q. Then, to sum up the two cases, are they parallel or nearly so, or how much do they differ?

A. They might be called nearly parallel perhaps, in most particulars.

Q. During the time this man had chill, did you observe his pulse?

A. Yes, sir; it was slow; feeble; great depression,

1133 you know, existed of course.

Q. How was his breathing?

A. It was hurried and difficult breathing; anxiety of countenance; it was something altogether new to me—this form of chill—and we took great interest in it.

Q. Were you present when he died?

A. Yes, sir; we watched the case very closely.

Q. Did he seem to rally at all from the chill?

A. Did not rally at all.

Q. No febrile exacerbation?

A. No, sir, not at all; it simply seemed to overpower him.

Q. I will ask you, if you ever saw a case of death 1134
from poison—from a sudden poison?

A. I have seen them die from opium poison; yes, sir.

Q. From antimony?

A. I never saw it.

Q. Digitalis?

A. No, sir.

Q. Aconite?

A. No, sir; one of my children came near dying from an over dose of aconite; that is, in that collapsed condition; that is the nearest to dying that I ever saw.

Q. Did the effect of whatever this cause was pro- ducing death, have a similar effect to aconite, or some 1135
of those poisons?

A. Yes, sir; it produced that state of collapse more like aconite poison than like that of opium poisoning.

Q. In the examination at the Spaulding House, was your attention called to a deep indentation said to have been upon the neck of the deceased?

A. I saw these marks upon the neck; yes, sir.

Q. How much of depression was there at that time?

A. Why, it seemed to me to be simply a crease made —a *post mortem* identation; it didn't seem to be—I should not call it an indentation, perhaps; I should call it a fold of the neck here.

Q. Have you ever seen any such before? 1136

A. I think I have; yes, sir; in fleshy people.

Q. State to the jury, if you will, what caused that, in your opinion?

A. The position that the neck was in; the thick, fleshy neck, and the position it was in; as I specially raised the head up and down when attention was called to it—I raised the head back and forth a number of times, and it simply seemed to be caused by the folds of fat around the neck.

Q. Did that come anywhere near where the shirt band would have come?

A. Perhaps it did.

1137 Q. Was the direction around the neck circular, or higher behind or below?

A. Well, it seemed to start from different points here on the neck; one fold was above the other some little distance.

Q. Did you notice any discoloration of the skin about this indentation or cross, as you may call it?

A. None particularly.

Q. Was there any appearance of any pressure having been put upon that?

A. I don't think there had been any pressure; no, sir.

Q. About what was the width of that indentation, as you remember it now?

1138 A. Well, it was simply—it seemed to me where the tissues were folded together as you dropped the head back or moved it, this identation simply spread apart, and then they would fold right together again.

Q. In this locality there is more or less malaria, is there?

A. Yes, sir.

Q. Have you been called to a great many cases within the last few years or not?

A. I have seen more or less.

Q. In what form?

A. The variety of chill, do you mean, particularly, or fever?

Q. Yes, sir.

1139 A. There have been remittent and intermittent fevers; usually of the tertian variety.

Q. How large a proportion, in your opinion, are the diseases in this locality of a malarius character?

A. I think most all the fevers that we get here are of malarial origin.

By Dr. Bassett:

Q. Did you notice the eye at this autopsy; whether there was any peculiarity about it?

A. I don't remember that I did.

Q. Did you of the person that you saw die with——

A. Oh, the person down yonder, I had reference to,

Doctor; the eye of Col. Dwight I took note of; that 1140
is, I noticed—I noticed nothing peculiar about it.

Q. Did I understand you to say that you did not at the other.

A. I don't remember that I did at that case.

Q. Now, in speaking of poisoning by aconite, what are the peculiarities of the eye at the time?

A. I don't know.

Q. They are different from what they would be ordinarily?

A. I should suppose the pupil would be dilated; I don't know, however, but I should suppose it would be; I would refer to this case of my little boy; the pupil with him was large and considerably dilated.

Q. Was his mind clear during this time? 1141

A. Yes, sir.

Q. He would answer questions?

A. Yes, sir; but he was in a perfect state of collapse.

Q. But apparently, he would be delirious, would he not?

A. He was not; he seemed to just wilt right down; he took about half a teaspoonful of the fluid extract.

By Dr. Spencer:

Q. Did you see this man when he was taken with the chill?

A. No, sir; I saw him a little afterwards.

Q. How long did it continue? 1142

A. Well, it didn't last over three hours.

Q. Was there peculiarity about the chill in the early stages, that differed from the ordinary ones?

A. It didn't seem to be; it seemed to be like an ordinary chill; it started, and just the overwhelming power kept right along until he died; there was no rallying whatever.

Q. The only distinguishable difference between this and ordinary chills, was simply he did not rally?

A. Could not rally.

Q. The febrile stage did not come on?

1143 A. No, sir ; the febrile stage did not come on ; it was much more severe than an ordinary chill.

Q. Was the surface pallid—the surface of the body?

A. Yes, sir.

Q. Was there any lividity about the extremities of the lips and ears ?

A. There was a peculiar dark appearance about the lips.

By Dr. Andrews :

Q. Did you see this man in his second chill ?

A. No, sir ; this was the only chill he had at the hospital ; this was the history of the case ; he was
1144 brought down from Chattanooga the night before.

Q. He had two chills prior to coming to the hospital ?

A. That was the history of the case ; he had had a couple of chills.

Q. Do you know whether he had any febrile symptoms, following the first two ?

A. I don't know whether he did or not ; it was not my case, but I saw him in the last chill, because it was something entirely new to me.

Q. Have you ever known a case of malarial fever, where there was no increase of fever or pulse above normal ?

A. Not personally ; no, sir.

1145 Q. Did this man retain his consciousness to the very last ; seem to ?

A. He seemed to ; yes, sir ; towards the last his intellect became dull, and he died.

Q. How long did he live after you first saw him ?

A. Perhaps a couple of hours after I first saw him ; the doctor that was in attendance invited me in to see him—into his ward.

Q. How long after he was first taken with that first chill ; do you know ?

A. Well, it is my impression he lived about three hours ; I think perhaps it was two hours after I saw him, that he died.

Q. Did the pulse cease before he ceased breathing, 1146
do you know; was it perceptible before the breathing?

A. It was very feeble; I don't remember as to that point, whether the heart stopped its work before the lungs did, or not; it went gradually down and finally stopped; it grew more and more oppressed.

By Dr. Edwards:

Q. Do I understand you, Doctor, that the pulse was not frequent?

A. Not particularly so, if I remember correctly about it.

The Coroner: I guess that is all, Doctor.

1147

George B. Edwards sworn:

By the Coroner:

Q. Do you reside in this City?

A. I do, sir.

Q. How long have you lived in this City?

A. About nine years.

Q. Were you acquainted with Walton Dwight, deceased?

A. I was.

Q. How long did you know him?

A. About six years.

Q. You were employed by him? 1148

A. Yes, sir.

Q. How long were you in his service?

A. Three years.

Q. Was it the last three years that he did business?

A. It was the last three years he did business.

Q. You were in his employ when he kept the Dwight House, were you not?

A. Yes, sir.

Q. When did you last see him alive?

A. Wednesday night previous to his death.

The Coroner: What day of the week did he die?

Dr. Burr: Friday night.

1149 By the Coroner:

Q. Did you see him frequently during his last illness?

A. I returned from Buffalo Monday night and saw him on Tuesday and came and sat up with him on Wednesday night.

Q. Were you up with him more than one night?

A. No, sir.

Q. How did he seem that night you sat up with him?

A. Well, as he expressed it, he was feeling better than he had for a week or two before, and he slept awhile, from about half-past one until the morning train came in.

1150 Q. Did he take any nourishment during the night?

A. Nothing during the night that I recollect.

Q. Did he during the evening before that—that particular night?

A. No, sir; he took something by way of nourishment on Tuesday the time I called on him; that night I don't know that he did.

Q. Did he take much food at that time?

A. No, sir.

Q. What was the character of the food?

A. I think it was toast and cider, I think.

Q. When did you learn of his death?

A. I saw it in the paper on Friday morning.

Q. Did you go to his residence at that time—or at
1151 the Spaulding House?

A. I went to the Spaulding House that morning about nine or ten o'clock.

Q. Where did you find him when you went in?

A. I found him lying in the west room.

Q. He had been removed from the bed room, had he?

A. Yes. sir.

Q. Had his clothing been changed?

A. He was laid out.

Q. Did you assist Mr. Ayres to wash him or anything of that kind?

A. At the first autopsy, I did.

Q. At that time, the first time you saw him after his 1152
death, you had nothing to do with the matter?

A. No, sir.

Q. After the first autopsy, you assisted Mr. Ayres, did you?

A. Yes, sir.

Q. Did you put him back in the ice box?

A. Yes, sir.

Q. Did you notice anything peculiar about him, except the result of the first *post mortem?*

A. No, sir.

Q. Was your attention called to this indentation upon the neck?

A. I heard Dr. Swinburne, call attention to it.

Q. Did you examine it afterwards? 1153

A. Not being a medical man—I looked at it—I did not examine it.

Q. I didn't know but what curiosity led you to look at it carefully?

A. No, sir.

By Dr. Bassett:

Q. The night that you sat up with him, was he vomiting during that time?

A. He endeavored to vomit; if my recollection is right he raised nothing but wind; a sort of spasmodic effort to raise something, but he didn't accomplish anything; I held his head.

Q. Did he seem much prostrated? 1154

A. Well, when he undertook to walk, in throwing the blanket off from around his feet and stepping over it his legs seemed weak and the upper portion of his body seemed strong.

Q. When you saw him in the bed during that night, did he ever lie on his side at all?

A. Nothing, excepting as he turned over to vomit; he seemed to lay on his back.

Q. That seemed to be the usual position?

A. Yes, sir.

Q. Did he take any nourishment that night?

1155 A. Nothing that I am aware of; no sir; I gave him no medicine whatever.

Q. Comparing his case in the morning when you left him, and at night when you saw him again, did you perceive any falling off of strength?

A. That I did not; he got up before daylight and sat in a chair after he had woke up, after the morning train came in, and mentioned that he was tired, and that he would retire; I didn't see any wasting away; he got up in the morning somewhere between half-past four and five o'clock, and sat in a chair, and when he threw the quilt off, and his legs stuck out, I noticed his legs were weak, but no more so than they were the evening before.

1156 Q. When you were with him that night, did he ever express himself as being hopeful or otherwise, of his recovery?

A. He wished for recovery on account of his wife and child; he spoke of this interruption in his business affairs which was going to put him behind, about three months.

Q. Did you ever see him despondent—melancholy?

A. Yes, sir.

Q. About himself?

A. Not particularly himself; it was on account of others, more than himself.

By Dr. Andrews:

1157 Q. Do you know—or did you ever hear him speak of having had malarial fever at any time during his life?

A. No, sir; excepting at this particular time; he explained the nature of the disease to me, as the doctors had told him.

Q. Did he speak of having chills, or fever and ague spells, sometimes?

A. No, sir.

Q. Do you know of any case of malarial fever occurring at the Dwight House while you resided there; pronounced such by physicians?

A. No, sir.

The Coroner: 1158

Anything further, Dr. Andrews; I guess that is all; Dr. Swinburne, there was something about that report that you wanted to explain; you can have an opportunity now.

Dr. John Swinburne, recalled:

I would state in reference to that that the report was made—that is, the notes were all made—as Dr. Burr states, and after they were completed—after the finishing of the autopsy—were read; then the elder Dr. Burr suggested one or two changes, and after reading this portion of the report—the first portion—in reference to the indentation around the neck, I believe 1159
that Dr. Dan. S. Burr was correct when he stated that Dr. Ayre did state, that that was a class of indentation that perhaps could be made by bending the neck, but that I never so stated; that is, he did not say that, but I say that; that the question was where they should put in this statement of Dr. Ayers, and on that leaf there was not room, as I then understood, to put that in, that is, to interlard it; and for that reason, I say it seems probable that that, perhaps, on the next sheet was rewritten at that time, in order to fill that in; there are several other changes made, some of which I noted the other day in my testimony; one of them was in reference to the stomach; the original notes said inflammation of the stomach; 1160
you will note by looking over that post mortem which is in the hands of Dr. Orton, that the word "chronic" is interlined; it did not matter particularly whether it was chronic or otherwise, so far as that was concerned, except that it might be a matter in the future; it evidently was either inflammation or was not; the other was in reference to the lungs, as I said the other day; the original notes, as you will find, now in the hands of Dr. Orton, states a cicatrix or scar; the word cicatrix is stricken out and "nodules" interlined; I don't remember the others, but the principal one I wished to speak of was in reference to what I swore

1161 to in reference to that; Dr. Burr has partially corrected that, and I think the elder Dr. Burr will say so when he is called upon; if anything was said, it was by Dr. Ayer, and not myself; there may have been something like this asked me, whether I insisted the thing was not done by bending the neck, or something of that kind; if it was asked me, I should have answered distinctly and positively, no; if the question came in that shape; but I may have said that I didn't insist upon anything, as I did not at that post mortem; I made several suggestions, three or four, and I think they were all adopted, with the exception of three or four that I noted the other day in my testimony; that is to say, those that were not adopted
1162 were rejected; Dr. Delafield said nothing about them; it would appear from the testimony as taken, and from the notes as furnished, that I was the one who suggested that this could be made by bending the neck; it gives a very false impression; and that is the reason I wish that corrected, and it was for that reason that I asked that these original notes should be photographed, so that I should have a copy in future, and so that anybody else should have them that wanted them; I do that for the reason that we all have a right to know what is being done, and we have a right—at least I have—of not being misrepresented in the premises, and by looking over the notes you will further see that, aside from this particular instance, there was not an opinion expressed
1163 through the whole of the notes; it was merely a note of facts as supposed to be, and I believe that, aside from the few suggestions that I made or proposed, that the elder Dr. Burr made, there was no one demurred from anything that Dr. Delafield gave; that is from the points that he called off and Dr. Burr took down; I don't remember any, at all events; I state this because the impression has got abroad that there was discussion—I think I should be borne out in saying, by all that were present, that there was no discussion there; I believe that is all I have to say, excepting that I should respectfully ask that I may be at

liberty to pay for—I don't ask anybody to pay for it— 1164
but I want for my own satisfaction a photographed copy of that paper as it is.

The Coroner: Dr. Orton, you may state on what terms that was procured.

Dr. Orton: It was placed in my hands not to go out of my sight at any time; I should not feel at liberty under the circumstances to accede to any such thing.

The Coroner (to the witness): I have no doubt you can get your permission from the company for a copy.

Dr. Swinburne: What company is that?

The Coroner: The Equitable.

Dr. Swinburne: The Equitable, as I understand, have this copy in their possession?

The Coroner: Yes, sir. 1165

Dr. Swinburne: And they have it in their hands?

The Coroner: Yes, sir.

Dr. Dan. S. Burr recalled:

I desire to state that Dr. Delafield asked me to take the notes; I went to my desk and took from there a package of paper containing six sheets; that there was no means by which I could make a duplicate page of any part of it; the whole six sheets were written upon one side of the paper—that after they received my signature they did not come into my hands again until I took the last page from Dr. Swinburne in the Spaulding House and carried it to Dr. Delafield.

1166

By the Coroner:

Q. I will ask you if you tore up any of the paper?

A. I did not; there were just six sheets, and if you will look at the report of the autopsy, you will find the twelve half sheets pinned together, and numbered from one to twelve inclusive.

Dr. Geo. Burr: I will say to the jury, that the arrangement was that Dr. D. S. Burr should keep the notes, and he was a little late, and I procured some paper and prepared it for him, supposing he would come without any, and gave it to him, but he had sup-

1167 plied himself, and the sheets that I prepared were lying about there, and very likely were torn up more or less.

Dr. Dan. S. Burr: I was in error when I said I got it myself; father did, and went to my desk and got the paper; it was paper I recognized as from my desk.

Dr. Geo. Burr: You come prepared, and did not use that that I told you to use.

Dr. Dan. S. Burr: The paper that came from my desk, I used.

Dr. Geo. Burr: You carried it with you?

Dr. Dan. S. Burr: No.

Dr. Geo. Burr: And did not use that, that I
1168 brought to you?

Dr. Dan. S. Burr: No; but used the board that you brought with you.

Charles W. Loomis, sworn:

By the Coroner:

Q. Do you reside in this City?

A. I do, sir.

Q. What is your business?

A. A lawyer.

Q. Were you acquainted with deceased?

A. I was.

Q. Did you transact any business with him?

1169 A. A little.

Q. When?

A. The day preceding his death.

Q. What was the nature of the business?

A. Administered the oath to him; took his affidavit.

Q. What was the nature of the affidavit?

A. It was some papers in bankruptcy; I didn't examine the papers; I was merely asked to take his affidavit.

Q. In what condition did you find him?

A. He was sitting up in the front room of the cottage at the Dwight House; the Spaulding House.

Q. Did he seem to be clear in his mind?

Q. Quite clear; conversed quite freely; seemed to 1170
be stronger than I expected to see him, having heard of his illness.

Q. Did you have any conversation with him regarding his condition—his physical condition?

A. He spoke quite freely of his condition.

Q. What did he say?

A. He said that he was then under the influence of stimulus; he said he had several chills, and he might pass away in any one of them; he accounted for his apparent strength, by stating that he had taken a bath, and was under the influence of stimulus at the time.

Q. Was that all the business relations you had with him?

A. That was all; I wish to be understood as saying, 1171
that I was present at noon on the day preceding his death; that is, he died at night, I understand, and I was there on noon of that day.

George B. Edwards, recalled at his own request:

I made a statement that his nourishment was toast and cider, or something of that nature; on thinking it over, I think it was crackers and cider.

Mrs. Ruth D. Owen, sworn:

By the Coroner:

Q. Mrs. Owen, where do you reside? 1172

A. At Windsor.

Q. In this County?

A. Yes, sir.

Q. Are you a sister of Mrs. Dwight?

A. Yes, sir.

Q. You were acquainted with Walton Dwight, were you not?

A. Yes, sir.

Q. Were you at the Spaulding House during his last illness?

A. The last day; yes, sir; and the Wednesday be-

1173 fore, I was in perhaps an hour; that is the only time that I saw him until the last day of his life.

Q. Where you staying at the Spaulding House, the night that he died?

A. Yes, sir.

Q. There is a diagram of this house; this is the front parlor, and there is where the colonel died; which room did you occupy, the one across the hall, or in the rear of this?

A. This one across the hall.

Q. Mrs. Dwight occupied which room?

A. The same room that I had.

Q. What time did you leave the colonel that night?

A. I am not positive of the time, but it was after
1174 nine o'clock?

Q. After nine?

A. Yes, sir.

Q. Did you and Mrs. Dwight leave at the same time?

A. Yes, sir.

Q. Had you retired at the time that you were called by Mr. Hull?

A. Yes, sir; and we were both asleep.

Q. Do you know what time you were called?

A. I don't know positively; I should judge it was after eleven.

Q. What notice did you first receive from Mr. Hull; was it a rap upon the door?

1175 A. A rap upon the door.

Q. And a call?

A. Yes, sir; I think he called, I am not positive he rapped very loud.

Q. Was it in an excited manner, or did he seem to—you could judge something from the noise he made?

A. In a very earnest way; we knew the rap mean that we were to come.

Q. Which went out of the room first, Mrs. Dwight or you?

A. Mrs. Dwight.

Q. How long first?

A. It might have been five minutes first; it was not 1176
over that; I should not think it was that length of time.

Q. After her going in the sick room, you immediately prepared to go in?

A. Yes, sir.

Q. Upon entering this room, who else was in the room besides Mrs. Dwight and Mr. Hull?

A. Mr. Spaulding,

Q. Mr. Spaulding had come before you?

A. Yes. sir.

Q. What were they doing?

A. They were giving him brandy when I went into the room.

Q. Did he seem to be alive when you went in? 1177

A. I supposed that he was.

Q. Did you notice his breathing?

A. I don't know that I noticed his breathing particularly; I was not very near the bed; I stood by the door.

Q. Were there any other persons in that room except Mr. Hull, Mr. Spaulding and Mrs. Dwight?

A. None except myself.

Q. And they were in the act of giving him stimulus?

A. Yes, sir.

Q. Do you know whether he swallowed it or not?

A. Mrs. Dwight said: "He has swallowed it."

Q. Was he sitting up in the bed at that time? 1178

A. He was raised up.

Q. Was he being held up?

A. I should think that he was.

Q. You don't remember who was holding him up?

A. I am not positive whether it was Mr. Spaulding or Mr. Hull; I am not positive about that.

Q. How long after you went in the room was he pronounced dead; did you hear anything said about it?

A. I did not hear any one say that he was dead, but it was over five minutes before they stopped working after I went into the room; they thought he would

1179 revive ; it was over five minutes ; it might have been a longer time than that.

Q. What was his appearance when you went in there—what was the expression of the face ; did you get there soon enough, or near enough, so that you could observe ?

A. Yes, sir.

Q. What was it ?

A. The face was pale and the muscles all seemed relaxed ; I noticed that particularly at the time.

Q. Did you notice the expression of his eyes ?

A. I think the eyes were partly closed.

Q. Did you observe Mr. Spaulding pinching his tongue ?

1180 A. No, sir ; I didn't notice it.

Q. Was his tongue out of his mouth at any time that you noticed ?

A. Not that I noticed.

Q. Who came in after you four were there ?

A. Into the room where Mr. Dwight was ?

Q. Yes.

A. No one before I left.

Q. How long did you stay in the room at that time ?

A. I should think that I was there three minutes at least.

Q. Then you went away—where did you go from there ?

A. I was in the sitting room ; the room that his bedroom opened into.

1181 Q. Did you have any conversation with the colonel that night, or that evening ?

A. Not after dark.

Q. Did you at any time after you went there ?

A. Yes, sir ; in the afternoon.

Q. What was the character of the conversation—business matters at all ?

A. Not of business matters particularly ; not as much as a general conversation about different things.

Q. No particular thing that he talked about ?

A. No particular thing.

Q. Did you hear him say anything about his sickness, whether he expected to get well or not ?

A. Yes, sir; he spoke of it; he said he thought if 1182
he had another chill that he wouldn't get better, but he hoped that he might pass over the next day without one.

Q. Now, during that evening, who came into the Spaulding House to visit the colonel; do you know of any other persons except those that you have spoken of?

A. During the evening?

Q. During the evening of the death?

A. I think Mr. Sears came in; he did not see Mr. Dwight; he just came to the door.

Q. And inquired?

A. And inquired about him.

Q. Is he the only one you remember of? 1183

A. The only one that I remember of.

Q. After it was understood that the Colonel was dead, where did you go; did you remain in the house that day, or that night, rather?

A. Yes, sir; I staid in the sitting room until after the physician came.

Q. How long after he was dead did the doctor, Dr. Burr, come?

A. I could not tell you; it was very soon.

Q. Within ten minutes of his death?

(No answer.)

Q. How long would you say you had been in there when the doctor came?

A. I could not say how long it was; the time 1184
seemed very short.

The Coroner: Mr. Foreman, you can ask her what you desire.

By Dr. Bassett:

Q. Mrs. Owen, was he bolstered up in bed when you went in?

A. Yes, sir; he had pillows back of him.

Q. Were those taken out after he died before you left?

A. No, sir; they were still behind him the last that I saw of him.

1185 Q. Did you go close to his head?

A. Not close enough to have touched him.

Q. You went within two or three feet of him?

A. Yes, sir.

Q. Did you observe anything like a cord or twine about him?

A. No, sir; nothing of the kind.

By Dr. Andrews:

Q. How long after Mr. Hull rapped was it before Mrs. Dwight left her room?

A. Between one and two minutes; not longer than that.

Q. Did she return to her room again before you
1186 left it?

A. No, sir.

(Coroner calls Dr. Burr.)

The Coroner: I will state, this is the last witness I shall probably call unless there is something special.

Dr. George Burr, recalled:

By the Coroner:

Q. In your testimony the other day I neglected to take the notes of the book referring to these cases of malarial fever, upon which you based your opinion, to
1187 a certain extent, aside from your personal observation; I would like to have those notes again, so that the jury may have access to them, or any other papers that will give them light upon this subject?

A. I have the books and will place them in the possession of the jury whenever they get ready to deliberate upon it; I have several propositions, or pathological facts—facts connected with the pathology of malarial fever—which I would wish to submit to you with references.

Q. I want to ask you if you examined Col. Dwight in health?

A. I did.

Q. Do you remember the character of the pulse; about how much was it? 1188

A. I think his pulse was unusually slow for a man of his sanguine temperament.

Q In regard to *post mortem* appearances, I want to ask you, Doctor, whether persons dying in a similar manner—from a similar disease—whether you always get the same pathological changes?

A. No, sir; that is one of the propositions that I wish to submit—will be one.

Q. I will ask you if there is reliability or not in *post mortem* appearances, aside from a history of the case, unless there is a structural change?

A. No, sir; there are a great many diseases; before you can make out an accurate diagnosis you must have the symptoms, the history of the case to account for the *post mortem* appearances; if a man should die from an aneurism of the aorta for instance, the artery of the chest, the *post mortem* there would be conclusive whether the patient had symptoms or not previously; I mean from rupture of an aneurism. 1189

Q. Supposing a man dies from what we call bilious fever, are the pathological changes or conditions always the same?

A. I think not.

Q. If a man should die with bilious fever, and you had no previous history of the case, would the *post mortem* reveal the csuse for death?

A. No, sir; not conclusive; if you should find the bronzed liver, or some other appearances which are peculiar to bilious remittent fever, you might approximate towards the nature of his disease, but it would not be conclusive. 1190

Q. Then, we understand, Doctor, that unless there is a structural change in a disease there is no certainty in making a *post mortem*, from those appearances alone, to determine the facts in the case?

A. I think not.

Q. Now, there are several forms of apoplexy, are there not?

A. Yes, sir.

1191 Q. Do persons ever die of apoplexy without a rupture of a vessel in the brain?

A. Well, I should say not—not from apoplexy or cerebral hemorrhage, as it is termed now-a-days; he may have apoplectic symptoms from a mere congestion of the sinuses of the brain, and passive congestion, but you will have a fatal termination in those cases.

Q. I suppose, Doctor, that in case of typhoid fever you could generally determine from the condition of the bowels?

A. Well, to adopt the ideas that prevail generally in this country and in France, you might; but if you go to Dublin they tell you a different story.

Q. The French pathology and the English does not
1192 exactly agree?

A. No, sir; I don't think they recognize the distinctions so clearly in this country as they do in France and in Edinburgh, and I know they don't in Dublin, for in a few months I have read the works of Stokes and Hudson on fever, and they don't make the distinction; they say the typhus and typhoid change from one to the other.

Q. In your testimony heretofore I believe you claimed that malarial poison might remain for some time in the system without its being wakened into life to produce a chill?

A. Yes, sir.

Q. Have you any authority for that?

A. I have; I will refer to it when I read my propo-
1193 sitions.

The Coroner: Gentlemen, do you wish to ask him anything, any of you? You are at liberty to read that paper, Doctor, on that subject, if it will give any light on this case, to the jury.

A. The first fact in the pathology of what are called congestive chills, or pernicious fever—malignant remittent—is that it is a form of malarial fever, having its origin the same as intermittent or remittent fever; for references (I don't know whether the reporters want to take the references or not), first, Wood's Practice of Medicine, volume first, page 278; Drake Diseases of the Interior Valley of North America, volume

two, page 71, and following; Bartlett on Fevers, page 1194
352; Farry, of Indiana, American Journal of Medical Sciences, July, 1843; Lavender, of Alabama, the same journal, July, 1848; Flint's Practice, page 866; those are the references to establish the point that congestive chills are formed of malarial disease.

Second.—The effect upon the system is that of a poison; the effect of malaria, which induces morbid symptoms and morbid changes. Its simplest form is an intermittent paroxism—or a paroxysm of intermittent fever.

Third.—It may occur wherever intermittents occur. See all the foregoing, and especially note Flint, pages 866 and 867, for case occurring in Bellevue Hospital, with *post mortem* appearances; Drake, for cases of congestive chills in Detroit, Cleveland, Buf- 1195
falo, Rochester, Syracuse; and I found one where it is quoted as occurring in Ogdensburgh, but I could not put my hand on one of the journals. I have forgotten, so we will leave that out. Dr. Eberly met with two cases in cold climates. See Eberly's Practice, volume first, page 109. Congestive forms of spotted fever and of typhoid fever were more than half a century ago recognized by North, of Connecticut, and Mason Smith, then of New Hampshire, as occurring throughout New England, and the inference which I take from that fact is, that if the poison of spotted fever or typhoid fever could assume the congestive form, the poison of malaria could do the same, provided it was of sufficient intensity, and under favorable circumstances for its development. 1196

Fourth.—A mild intermittent may suddenly assume a malignant and congestive form. I refer to Bartlett page 353; Drake, volume second, page 74; Flint, page 867; Ziemssem, volume second, page 604; Farry—the former reference– American Journal of Medical Sciences, in 1843; and Lavender, in July, 1848.

Fifth.—That there is a period of incubation and a latency of malarial poisoning. The period of incubation varies from a few hours to six months. I refer to Ziemssem, volume second, pages 587 and 588. For latency of malarial poison, same volume, pages 575, 576 and 586.

1197 *Sixth.*—And the length of the interval between paroxysms, from twenty-four hours to thirty days. Drake, volume second, pages 127 and 128; Bartlett, page 311, quoting Dr. Forry, who was a surgeon in the army for a good many years, and whose attention was given to climatic influences. He reported that cases of intermittent fever, occurring every seven days, were very frequent among the troops in Florida during the Seminole War; Ziemssem, volume second, pages 557 and 558; Flint, page 857; Wood, volume first, page 226; Mackintosh, note by S. G. Morton, page 69. In those cases they were every fourteen days that Dr. Morton refers to.

Seventh.—Post mortem appearances are not uniform;
1198 they vary much more in typhoid fever; there is, in fact, no pathognamonic lesions in malarial diseases; I refer to Bartlett, his chapter on the lesions and morbid changes in intermittent and remittent fever; refer also to Drake; refer also to a paper by the late Dr. John Swett, of New York, giving the autopsies of thirty-two cases occurring in the City Hospital, American Journal of Medical Sciences, January, 1845.

Eighth.—Ecchymoses and petechiæ appear under some circumstances; Ziemssem, volume second, page 637; Lavender, page 57; American Journal of Medical Sciences, July, 1848; I have made a memorandum of the conditions of the skin that I have not given any references on; they abound in the books, and I pro-
1199 pose to furnish the jury with all these references, and let them look it up; I say that increased heat is not always present in malarial disease, neither need the skin be shrunken; the pulse is not always accelerated; I now wish to close by an opinion—I suppose it is proper?

The Coroner: Certainly.

A. I allege that the symptoms before death and the lesions found post mortem are not only consistent with the idea that Col. Dwight's case was one of malarial disease, but that they all support and confirm the position maintained by his physicians; I take that ground.

The Coroner: This inquest will be adjourned until to- 1200
morrow morning at half after nine o'clock.

Dr. George Burr: If the jury then wish these references they can have the notes.

The Coroner: Yes, sir; very well; I shall take very little more testimony in this case; perhaps one more person and no more, unless there is some particular point that is not entirely clear with you; of course, if there is anything that you wish to learn, any point, I will, so far as I can, furnish you with the testimony; aside from that, I intend to bring this to a close very soon after we assemble to-morrow morning.

Adjourned to 9:30 A. M. May 7th, 1879.

1201

Morning Session.

May 7th, 1879.

Dr. George Burr recalled.

The Coroner: Dr. Burr, Dr. Spencer wishes to ask you one or two questions about your testimony yesterday.

By Dr. Spencer:

Q. Doctor, I want to ask you if in your experience, or in your reading up the literature of pernicious fever you have seen a case, or read of a case, of deaths occurring so suddenly or so soon as in this case? 1202

A. Yes, sir.

Q. If you can, cite us a case; is it in the authorities that you will submit?

A. You will see it in the authorities that I have cited; you will see it stated that sometimes they die at the accession of the first chill; the beginning; I know that Drake, and, I think, Farry and Lavender, in the articles in the Medical Journal, say that death usually takes place at the third paroxysm, and that was precisely the case as I claim occurred in the case of Col. Dwight; you will have no difficulty in finding that.

Q. I mean so early in the chill; coming on so soon

1203 after the chill commences; the general idea of a pernicious chill, I believe, is that it is a prolonged chill?

A. The usual term, or length of a chill, a congestive chill, they speak of as being from four to six hours; but I think, in looking at the literature on the subject, you will be satisfied that they die earlier than that; you readily understand that, that would depend upon the endurance and the condition of the patient, like a collapse in cholera; it is, in fact, a collapse rather than a congestive condition.

The Coroner: If you desire Mr. Hermans, you may call him on.

Dr. Bassett: Yes, sir, I would like to ask Mr. Hermans a question.

1204

H. C. Hermans, recalled.

By Dr. Bassett:

Q. Mr. Hermans, during the nights or night that you sat up with Col. Dwight, did he express any anxiety about himself?

A. Well, he did; more especially the last night; he talked about it considerably.

Q. How did he express himself on the subject?

A. He said to me several times during the night, the latter part of the night, that he wished me to see the doctors—Drs. Orton and Burr; to go to their offices in the morning and tell them how he seemed to be during
1205 the night, his symptoms during the night as near as I could; he says, "now, perhaps, when the doctors are here I will brighten up and seem to be—perhaps they don't realize as fully my condition as they would if they could be here during the whole night"; he says "if you go and see the doctors and tell them how I seem to be, perhaps they will think of something else to try, that they have not already tried in my case."

Q. He seemed to think that they thought he was brighter, smarter than he really was?

A. That seemed to be his idea; when they came in he would brighten up and talk, he said, and he spoke of it at least four or five times during the latter part of the night; he wanted me to be sure and remember

to go to the offices of the two doctors who were at- 1206
tending him, and tell them exactly how he was during the night; the question I think was asked me yesterday morning if he took any food during the time I was with him; I think the first night I recollect that he said there were some oysters out in the hall where they could be kept cool; it was warm in the room; and he wanted me to go out and bring in a little plate with three or four raw oysters on it, and he ate one of those; he complained of its distressing him, and said he could feel it here (illustrating); quite a little length of time, and not very long, afterwards he vomited; I didn't notice whether he threw it up or not; then he ate, I think, that same night, a few Malaga grapes that were on a plate.

1207

Q. Did the grapes seem to distress him?

A. He didn't complain, that I remember, of the grapes distressing him; the oyster that he ate seemed to distress him, and said he could feel it here—putting his hand on his stomach—and not very long afterwards vomited.

Dr. Bassett: That is all, I believe.

The Coroner: Gentlemen of the jury, I have a paper presented which I will submit to your consideration; if you desire any consideration on the points therein named, you may call on whomever you please.

(The following letter from Dr. Swinburne is handed to the jury.)

1208

Dr. Charles B. Richards,

One of the Coroners of Broome County:

Sir,—I respectfully request that before closing the taking of testimony in the inquest being held upon the body of Walton Dwight, you cause diligent inquiry to be made as to the several bottles, vials, packages, boxes, &c., which are alleged to have been in Walton Dwight's room on the night of his death, and within his reach while in bed, and more especially what became of the gelseminum that was in his possession, on his table, and within his reach. I respectfully suggest that Warren F. Spaulding may know, and probably does know who took charge of the articles above

1209 mentioned. I further suggest that Mr. Spaulding is in town, and it can delay these proceedings but a few minutes to make these inquiries. I am satisfied that persons having an interest in withholding the true cause of Walton Dwight's death, did get possession of these articles with intent to prevent a full and fair examination into the cause of Dwight's death.

Respectfully,

JOHN SWINBURNE.

The Coroner: If you choose, it would save time, if you would all retire into the jury room, and talk over the matter of that paper, and see what you will do with it; I submit it to you; just retire into the jury
1210 room, gentlemen, and look that paper over.

The jury here retired, and after a few moments of consultation returned.

The Coroner: Gentlemen of the jury, what say you?

Dr. Bassett: We would like to have Dr. Swinburne on the stand a moment.

Dr. John Swinburne, recalled by the foreman:

By Dr. Bassett:

1211 Q. According to your statement made here, what is the source of your information that induced you to make this request?

A. Well, to be frank with you, as I suppose under oath we have to be, I went to Mr. Spaulding and asked him what had become of all this material—whatever it was—much or little; he said he took it, gathered it up in the room there and locked it up, and there is somebody connected with Mr. Chapman s office sent for it and demanded it; I don't know whether he said Mr. Chapman or somebody from his office had sent for it or taken it away, in other words, demanded it, from him; carried it off.

By Dr. Andrews: 1212

Q. Doctor, have you any other information except that, upon which to base this request?

A. No, sir.

The Coroner: Anything further with the witness?

Dr. Bassett: That is all, doctor; Mr. Coroner, we would like to have Mr. Spaulding sent for.

Dr. Moreau Morris, sworn:

By the Coroner:

Q. Dr. Morris, where is your residence?

A. Binghamton, sir.

Q. How long have you lived there? 1213

A. Since last July.

Q. You are superintendent of the asylum?

A. Yes, sir.

Q. Where did you live prior to coming here?

A. New York City.

Q. How long did you live there?

A. Nearly all my life.

Q. Your business, doctor; are you a practitioner of medicine?

A. Yes, sir.

Q. How long have you practiced?

A. Thirty years.

Q. Doctor, are you familiar with post mortem appearances after what is called congestive chills? 214

A. No, sir; not very familiar.

Q. Have you ever seen any cases?

A. I have seen cases that were said to have died after having congestive fever.

Q. Do you make a distinction between congestive chill and fever?

A. I should; yes, sir.

Q. Then you have never seen a post mortem from a congestive chill proper?

A. *Per se*, no, sir.

The Coroner: Gentlemen, you may take the witness.

1215 By Dr. Spencer :

Q. Doctor, you have read the accounts of the post mortem on Col. Dwight, made November 18th last ?

A. In a very cursory manner.

Q. Have you read them sufficiently careful to have formed any opinion with regard to what the developments of the post mortem were as to the cause of his death ?

A. I have not studied it with reference to that at all, sir.

Q. Is there any light that you can throw upon this matter for the jury ; any information that you can give us, to enable us to arrive at a decision in the matter ; to help us ?

1216 A. Well, I hardly feel myself competent to instruct the jury, or give them any ideas with reference to it, as they have the facts all before them, and the testimony which I have not read ; I know very little of the facts except from general newspaper reports ; I have never seen the report of the post mortem itself, except as I saw it in the newspaper ; I should not like to advance any opinion that might influence the jury ; although I will answer any question that may be put to me, so far as I can give them information.

By Dr. Andrews :

Q. Did you say you had witnessed the post mortem examination of cases dead of congestive fever ?

1217 A. Yes, sir.

Q. Did you see those cases before death ?

A. Yes, sir.

Q. Will you please describe to the jury as well as you can their symptoms, and their appearance before death, and the character of the sickness ?

A. The symptoms—as you are all medical men I understand—were those of the ordinary fever in an exaggerated state ; the ordinary intermittent fever in an exaggerated state and conditions with the onset of a chill followed by a fever and sweating ; the usual exacerbation of the fever with its intermissions and recurrence ; the chill would be, in some cases that I recollect, where the chill wouldn't be such as we gen-

erally understand by a chill where there was a shiv- 1218
ing fit, but a cold stage which would be continued at longer or shorter intervals, and sometimes the feverish condition would be but short before the sweating would come on, and when the sweating stage came on, the patient would usually be relieved more or less; but you have the same pains, the headache and backache, and general feeling of *malaise* and depression, which means the same thing.

Q. Was the cold stage always, in all of these cases, followed by febrile reaction?

A. In all that I know of—yes, sir.

Q. What was the period of illness from the time you saw them, or the average period—how short a period and how long a period in any of the cases that 1219
came under your observation?

A. Well, I can't recollect exactly about that; it is some years since I have seen them, and the particulars of the cases have gone from my mind; I don't think there was in any case but that, that had several accessions.

Q. Covering a period of a number of days or thereabouts?

A. Yes, sir, and for some weeks.

Q. In what locality did you witness these cases?

A. Witnessed them in New York, and some that came back from California, crossing the Isthmus, and on the ship that I was attached to, that came home, and I followed the cases up after I came
here, and they went into the hospital and died; then 1220
I have seen some of the cases that were in the New York City Hospital, among seamen that came to the hospital and died there.

Q. Was this malarial poison in all cases acquired abroad?

A. Yes, sir; I won't say in all cases, because some of those cases that were in New York City, that I saw there, were acquired there, and some on Long Island.

Q. What was the condition presented by post mortem examination generally in these cases, as well as you can remember?

A. Well, the most marked condition that I recollect

1221 of was the internal congestions or suffusion of organs by blood; not so much in a state of congestion, except perhaps in the passive state of congestion, more a stasis of the blood than congestion, and there was frequently an injection of bile, presenting a yellow appearance throughout the tissues; that was one of the prominent features, and the skin itself would be tinged with the colored matter.

Q. Was there much coagulum or was the blood generally fluid?

A. I think the blood was fluid, though I am not so certain about that; it is a good while since I have made a *post mortem*, and I don't recollect all the particulars exactly, but the general appearance, and gen-
1222 erally taking those cases, the examination and the *post mortem* examinations were simply to see the effects that the fever had produced, knowing it to be a fever before they died.

Q. Do you know whether they generally retained consciousness to the last?

A. I think they did; yes, sir, I don't recollect of any case where they were unconscious, except for a few moments, perhaps, before death; they seemed to die of exhaustion, mostly.

Q. Did it seem to be more a weakening of the heart's action, or congestion?

A. I judged of general exhaustion, sir.

1223 By Dr. Esterbrooke:

Q. What was the usual period of intermission in these cases?

A. Depending upon the form of the fever.

Q. What was the usual form?

A. The usual form was the quotidian type.

Q. Did you have any where the period of the intermission was longer than that of quartan?

A. In one case I recollect that it was.

Q. How long was that; what was the length of that?

A. Seven days; that one did not die from the congestive condition, but died from the *sequale* following congestion.

The Coroner: Dr. Edwards, have you anything fur- 1224
ther; anything further, gentlemen.

By Dr. Spencer:

Q. You make a distinction between this congestive fever, and what others call pernicious fever?

A. Yes, sir; somewhat of a distinction; the pernicious fever is of a more violent type, as I understand, from what I have seen of it; it is a more violent type; the cold stage is more prolonged and the depression is greater; there seems to be a more profound impression upon the nervous system in pernicious fever.

By Dr. Bassett:

Q. Have you seen persons die in the cold stage— 1225
that is, in pernicious fever—without being succeeded by the hot stage?

A. I have not, sir, personally; I have read of such cases; I have heard of them, but have not seen one myself.

Q. Have you read of cases where the paroxysm occurred at intervals longer than seven days?

A. Yes, sir.

Q. How long?

A. Well, fourteen and twenty-one days; it is usually a multiple when the recurrence takes place; for instance, I have known persons to have one chill and not have another during the whole season, and perhaps not again until they are exposed to miasmatic 1226
causes, and then have a recurrence of the chill.

Q. Would you expect, after seeing a person have a pernicious chill—for instance to-day—would you expect if he had a chill seven days from to-day, that that chill would be more severe than the one he had to-day?

A. I should think the second would be more severe than the first.

Q. What would you think of the third?

A. The third I should think would be less than the first or the second, for the reason that he would probably be under treatment, and it would be more modi-

1227 fied; if he had no treatment, I should think then it would probable be more severe.

Q. Supposing the patient could not bear remedies that are generally appropriate for this disease, what then?

A. That is a case I have never seen—a patient that could not bear any remedies.

Q. Are not those patients as a general thing—do they not complain of sickness and vomiting?

A. Yes, sir; vomiting is one of the symptoms.

Q. If they vomit almost incessantly would you be very likely to keep quinine, or any medicine, upon the stomach?

A. If the stomach wouldn't bear it I would put it in some other way; there is more than one end to a

1228 man.

Q. Suppose you put it into the other end, would it have equally the same effect?

A. Yes, sir.

Q. Quite as good?

A. Yes, sir; it wouldn't be necessary always to give it by the rectum, you could give it by different methods, for instance, by hypodermic injection, or by removing the cuticle by blister, and there are various ways, if the stomach wouldn't bear it; the stomach in that irritable condition that the stomach sometimes is, would reject all medicine and food, and everything else.

1229 Q. Would you expect the third chill to be less severe, providing the patient did not retain anything of the kind upon his stomach, and did not have it put into the other end, or under the skin?

A. I should expect the disease would increase, if you get a pretty good dose of miasma; that is, his system would become more or less depressed under its effects, and therefore the symptoms would be more severe in their character as the disease progressed.

Q. That is, there would be less power of resistance?

A. Yes, sir; that is, if there was no treatment, understand; that is, if the stomach rejected all medicines, and there was no other treatment in reference to the prophylaxis.

Q. Did you ever prevent the recurrence of a perni- 1230
cious chill by the mode of introduction of medicine you speak of?

A. Well, I have never treated pernicious chills myself, sir, but I have known it to be done.

Q. Now in the *post mortem* examinations that you have made of persons dying from pernicious chills, what was the general appearance of the exterior of the lungs?

A. Well, there was a congested appearance; the lungs were engorged more or less; more particularly, not so much the lungs as there was in the liver and kidney and spleen; those are the organs where we generally found the evidences of congestion.

Q. In these cases that you have seen of pernicious 1231
chill, of their dying from pernicious chill——

A. I never saw one die—excuse me—of a pernicious chill.

Q. I understood you had?

A. No, sir; not in that form.

Q. Now, in the post mortem examinations which you have made and seen, did you observe any ecchymoses of the lungs externally?

A. Well, I could not say as to that, sir; it is so long since; I have not studied up the matter.

Q. Did you see any on the surface of the body?

A. Yes, sir, there were some.

Q. Where were they?

A. They would be around the chest, and neck, and 1232
back; particularly in the back.

Q. But so far as the congestion of the lungs, or internal organs, you don't recollect particularly about that?

A. No, sir, not particularly; not enough to describe them, except the general condition of the engorgement of those internal organs after this form of the fever.

Q. Well, as near as you can recollect, did you find as much blood in the left cavity of the heart as the right?

A. Well, I don't recollect that—what condition the heart was in; excuse me, it has been some years since

1233 I was present at a post mortem examination of that character; not within fifteen years.

Q. What would be your opinion as regards that, and would you find any in the left cavity, as near as you can recollect?

A. That would depend, somewhat depend, upon the method of death; if he died from exhaustion I think you would find some there; if he died suddenly, from any sudden cause, perhaps not.

Q. Now, in a pernicious chill, what is the character of the breathing?

A. It is usually rapid, hurried.

Q. Labored?

A. Yes, sir; and fast.

1234 Q. Is it particularly marked?

A. Yes, sir.

Q. What would you infer from such breathing—what would you infer the character of the blood to be in the internal organs?

A. Well, I don't know as I could exactly draw an inference of that kind.

Q. Well, what I mean is, would the blood be oxygenized?

A. In this rapid breathing?

Q. In this marked breathing?

A. It would.

Q. You think it would?

A. Yes, sir.

Q. When the lungs were full of blood?

1235 A. If there were rapid breathing you would have a rapid change of air or presentation of oxygen, which would decarbonize the blood.

Q. In rapid or marked breathing is there the usual quantity of oxygen inhaled or coming in contact with the venous blood?

A. It depends upon the length, of course, of the inspiration.

Q. If the inspiration was very marked and difficult the probabilities are that a person would not inhale much?

A. If there was the condition that the breathing, instead of filling the lungs, was a short breathing in

which the air did not permeate through the tissues of 1236
the lung itself or through the tubes. of course the blood would not be decarbonized.

Q. Wouldn't you expect to find that in this marked breathing?

A. No, sir; not in the breathing of the fever, I should not; I might in some other conditions.

Q. What would be the pathological appearances of the spleen?

A. The spleen would be enlarged and engorged, and darker color; be softened somewhat.

Q. Also of the liver?

A. The liver would be enlarged in those cases; heavier than natural, and in a state of general engorgement.

1237

Q. Would you expect to find the lungs heavier?

A. Yes, sir, in those cases.

By Dr. Spencer:

Q. Was this yellow appearance universal in the cases you saw?

A. No, sir, not invariably; but in quite a number of cases it was; I believe that is one of the marked symptoms of pernicious fever and congestive form of fever; the liver seems to be the principal organ that suffers, producing jaundice more or less; you notice it about the conjunctivae of the eye.

The Coroner: Anything further, gentlemen?

1238

By Dr. Bassett:

Q. What was the appearance of the brain in those cases that you examined?

A. I don't recollect, sir; we usually examined all the organs, but I don't think I could tell the special appearances about the brain; as I said before, it is a good many years since I made one of those examinations, and you ask me what I saw myself; of course I am not telling you what I read in books.

Q. Would you expect to find congestion of the brain?

A. Yes, sir; I should expect to find congestion of

1239 all the internal organs in a person dying from that form of fever.

Dr. Bassett: That is all.

The Coroner: That is all, Dr. Morris.

Warren F. Spaulding, recalled by the Coroner.

The Coroner: Gentlemen, whatever inquiries you desire to make of him you are at liberty to do so now.

By Dr. Bassett:

Q. How long previous to the death of Col. Dwight did you come into the room?

1240 A. Well, that is a very hard question to answer, because I think the man was virtually dead, perhaps, when I got there; not that life was entirely extinct but——

Q. Breathing, was he?

A. If he was breathing it was very feeble.

Q. Did you come into the room before Mrs. Dwight entered?

A. Well, I supposed I did; I am very liable to be mistaken, however; Mr. Hull says differently; he ought to know better than I do.

Q. When you came into the room did you observe any vials, bottles or anything of that nature, of medicines?

1241 A. Why, no more than was on the table.

Q. How far from Col. Dwight was this table?

A. Perhaps a couple of feet.

Q. Do you know what was in those bottles?

A. No, sir.

Q. After his death who took charge of those articles?

A. I did.

Q. What did you do with them?

A. Put them in a box and took them to my room and locked them up.

Q. How long were they there before you again saw them?

Q. Well, I don't know; I saw them, I suppose, every

time I opened that drawer; I don't know how often I 1242
opened the drawer; the things were in the drawer.

Q. Were these vials containing this medicine —were they subject to the inspection of other persons in your absence?

A. No, sir.

Q. Your drawer was locked, was it?

A. Yes, sir.

Q. How long did you hold these in your possession?

A. Until about two weeks ago.

Q. Where are they now?

A. I gave them to Mr. Chapman.

Q. Why did you give them to him?

A. Because he asked for them.

Q. All of them? 1243

A. Yes, sir.

Q. Do you recollect what they were?

A. No, sir.

Q. You never looked upon the labels?

A. I might have looked at them, but if I had, I probably would not have known much about it.

Q. Did you at any time ever administer any of this medicine to the Colonel?

A. Well, very likely I might; I was with him a good deal.

Q. Did you, when you administered it—was it by the direction of the doctors?

A. No; if I administered any, it was just as he told me. 1244

Q. Just as the doctor told you?

A. No; just as Colonel Dwight told me.

Q; Are you positive that you ever administered any of this to him?

A. No, sir; of course I gave him stimulant—some preparation that was left there for him—the night that he died, and I think I did the time before, too, when he came very near dying.

Q. You administered the stimulants?

A. I think I did; I am very positive that I did.

Q. Do you recollect the number of those vials?

A. No, sir.

Q. Were there more than three?

1245 A. Yes, sir; I should presume ten or a dozen, altogether; I didn't count them, there was quite a little collection of them.

Q. Any boxes of pills?

A. Well, I don't remember that, either; I think there were some little boxes; I don't know whether pills or what they were.

Q. Those vials that you saw and took charge of, about how full, and what quantity was in each?

A. I don't know; some of them had something in, and some of them did not have anything in; some were empty.

Q. Did you ever see the Colonel take anything out of these vials himself?

1246 A. I don't know whether I have or not; perhaps I might; I have no distinct recollection about that.

Q. Wouldn't you remember such a thing if he did?

A. Well, no; I hardly think I would; it is very natural for a man, if he is with a sick man a good deal, to see him take medicine; he would not think anything of it if he did.

Q. Did Mr. Chapman come himself and demand those, or did he send?

A. I think I met him in the street; he said he wanted them; he didn't come after them himself; it was some man in his office, I think.

Q. To whom did you deliver them?

A. To the man that came after them.

Q. Who was it?

1247 A. I don't know.

Q. You don't know whether it was a man in his employ or not?

A. No; I suppose it was; I don't know anything about it.

Q. You know Mr. Lyon, of course?

A. Yes, sir; it was not Mr. Lyon, nor was it anybody that I knew by name; a great many people that I know by sight very well, I don't know by name.

By Dr. Andrews:

Q. At what time did you collect those bottles or

boxes; whatever you collected; how soon after Colonel 1248
Dwight's death?

A. Well, I think it was the afternoon after the funeral; that is my impression now; when we were putting the room in order.

Q. How many days was that after his death?

A. It was the second day; he died at night—the second day afterward.

Q. The second day was Monday?

Dr. George Burr: The *post mortem* was Monday—it was on Tuesday.

Dr. Bassett: I think so.

A. I don't know whether it was after the funeral, or whether it was before, that I took charge of those bottles. 1249

By Dr. Andrews:

Q. Do you think it was after?

A. That is my impression; it is my impression still because, of course, the rooms were all occupied, and I didn't put them in order until after they had all gone away.

Q. The rooms were open to anybody who chose to come in?

A. No, sir.

Q. Locked?

A. Yes, sir.

Q. In whose charge?

A. In my charge a portion of the time; I think that 1250
Mr. Edwards had the key a portion of the time.

Q. Several persons entered the room during that time?

A. Yes, sir.

Q. It was not barred against any one specially?

A. No, sir.

Q. Except the general public?

A. If they wanted to go in?

Q. From what locality did you gather these things?

A. From what locality; what do you mean?

Q. Simply in the room in which he slept, in which he died?

A. Yes, sir.

1251 Q. From the table by his bedside were they all?

A. Yes, sir; that is I think there was everything in the way of medicine; I think there were some bottles on the table in the parlor, but not medicines, I guess.

Q. But all that you stored away, you took from a table by his bedside?

A. Well, I might have taken some perhaps from the table in the parlor; I don't know about that; I don't remember.

Q. Was this demand or request to you at the time you delivered the bottles verbal, or was it made in writing; was it made in a note?

A. Verbal.

Q. Simply a verbal request from Mr. Chapman that
1252 you deliver them to the messenger?

A. Yes, sir.

Q. You delivered them about two weeks ago, do you say?

A. I should think about that; two or three weeks ago.

Q. Was it previous to the commencement of this investigation?

A. Yes, sir.

Q. Before any demand for another autopsy?

A. Well, I don't know about that; I don't know when that demand was made; it was before I knew anything about it, any way.

By Dr. Edwards:

1253 Q. Did you, by any one's direction, place those under lock and key, after having gathered them from the room?

A. Well, no, sir; I think not; I was asked what I had done with them, and I told them, and they said that was right; I don't think anybody told me to; I don't remember as they did, now.

By Dr. Andrews:

Q. Do you know that Mr. Dwight did not breathe that night after you went to the room?

A. No, sir.

Q. Did you examine his pulse after you went there?

A. Yes, sir. 1254

Q. Did you feel of it; discern it?

A. Well, I imagined there was a slight fluttering pulse, but still I may be deceived.

Q. Did you hold your ear to his chest?

A. Yes, sir.

Q. Did you hear any pulsations there?

A. I imagined also, that there was a slight fluttering of the heart, and there I may have been deceived; it was very feeble, if any.

Q. Was there any attempt made to give him anything to drink, after you went into the room?

A. After I went into the room, the night he died.

Q. Yes, sir?

A. Except what I gave; I gave him all he had. 1255

Q. What did you give him, or attempt to give him?

A. I gave him some stimulant that was fixed up there in a glass, and also some brandy.

Q. Did he swallow any of it?

A. I suppose he must have swallowed all of it, because it went down him and did not come out; I suppose he must have swallowed it.

Q. All that you put into his mouth disappeared?

A. Yes, sir.

Q. How much do you think?

A. I have not much of an idea.

Q. Two table spoonfuls?

A. Yes, sir; twenty table spoonfuls; perhaps more.

Q. Did there seem to be any effort to swallow; any motion of the throat? 1256

A. No, sir; not that I discerned, any way.

By Dr. Bassett:

Q. Mr. Spaulding, is that a diagram of your house; the room where Col. Dwight died (handing paper to witness)?

A. Yes, sir; that is very correct, I should judge.

Q. Now, in which room did he die?

A. This one; this parlor and this bed-room; the bed is this way of the room.

Q. What is the size of this room?

A. I don't know, sir; it is down here; thirteen feet.

1257 Q. Is this south?

A. Yes, sir; that is east; the head was this way.

Q. About where was this table?

A. The bed was right here; the table was right here, right beside the bed.

Q. You say the bedstead was in the centre of the room?

A. No, sir; the head of it was here.

Q. The table was on the east side of the room?

A. Yes, sir; next the head of the bed.

Q. About two feet from it?

A. Probably; no, I hardly think two feet from the head of the bed; probably not more than eighteen inches.

1258

By Dr. Spencer:

Q. It was within reach of Col. Dwight?

A. Oh, yes, sir.

(Dr. Bassett calls the coroner and they confer together.)

The Coroner: Is there anything more, gentlemen?

By the Coroner:

Q. Mr. Spaulding, you spoke of having pinched the tongue of deceased, on the night of his death; was it out of his mouth when you saw it?

A. No, sir.

1259 The Coroner: That is all.

The Coroner: In regard to this medicine that was found, you will readily see, gentlemen of the jury, that after it had passed through Mr. Spaulding's hands, or before that, it was in that room where numerous persons entered, and it has been admitted here on the stand that during the sickness of the colonel he took gelseminum, Fowler's solution, and all those things. I could scarcely see, what could be expected to be proved by having the bottles here, for the reason that having passed through so many hands, the testimony on that point wouldn't amount to anything. I will close the testimony in this case.

1260

Coroner's Charge to the Jury.

Gentlemen of the Jury,—Some complaints having reached me about your having been dragged from your peaceful pursuits to sit upon this long inquiry, I thought it best to give you an epitome of this case for my own benefit. On the 13th day of October, 1878, Colonel Walton Dwight, was taken sick at the Spaulding House in this city; Dr. George Burr was called to visit him, and a history of his case is hereunto annexed, marked A. He remained substantially under Dr. Burr's care until his death, which took place November 15, 1878. Within a short time after his death, Mr. Elias Ayres, an undertaker of this 1261
city, arrived at the Spaulding House and made the usual arrangements for the care of the body. The body was placed upon ice November 16th, at about 11 A. M. An autopsy was made upon the body November 18th, by Dr. Francis Delafield, of New York city, in the presence of a large number of medical men. The records of the *post mortem*, then held, is hereunto annexed, marked B. Within half an hour after the autopsy was concluded, the body was again returned to the ice box by Mr. Ayers, leaving it in that condition until the funeral, which occurred November 19th, 1878, from Christ's Church, in this city. The body, after the services were over at 1262
the church, was removed to Spring Forest Cemetery, where it was buried, at between 4 and 5 o'clock, November 19th, 1878. The details of the exhumation of the body, and the second *post mortem*, are fresh in your minds, and the stenographer's report of the evidence will be placed at your disposal for the purpose of refreshing your minds upon points you may wish to discuss. There are two theories advanced by the medical gentlemen upon the witness stand as to the manner or cause of death of the deceased: First, that Col. Dwight died from natural causes; second, that he came to his death by suicidal

1263 strangulation. Charles A. Hull testified that he was watching with Col. Dwight on the night of his death, and that he was not out of deceased's sight during the evening for a longer period than fifteen minutes; that he saw him ten minutes before he went into his room at the time of his death; he said he was in an adjoining room not ten feet from deceased's bed; could hear him breathe; at 11.15 P. M., November 15th, he heard a gasp and went into deceased's room; found him lying on his back, with his head propped up with pillows: he was pale, and seemed to be sinking; called my name; that was all he said after I entered his room; brandy, water, and ammonia was given him several times after I got to his bedside, which he
1264 swallowed, but he seemed to sink away, dying without a struggle at 11.30 o'clock. Before deceased breathed his last there were five persons at his bedside. Ten minutes before he died, W. F. Spaulding came in, and was present at the death. W. F. Spaulding testifies substantially to the same appearance of deceased as reported by the last witness. He does not feel certain that he was alive when he reached his bedside. They admit giving him brandy and water, which, he thinks, he swallowed. He says he thinks he was breathing faintly when he entered deceased's room. Dr. George Burr had charge of this case from the first. A duplicate burial certificate, as made out by him at the time of his death, is hereunto annexed. Dr. D. S.
1265 Burr occasionally visited deceased during his last sickness, and says he has no doubt he died of congestive chill. Dr. Orton, who was called in consultation with the Doctors Burr, says he has no doubt deceased died of malarial fever, or disease. Several medical gentlemen who were present at the *post-mortem*, testified that the *post-mortem* appearances were such as they would expect to find in a person who had died of congestive chill. Dr. Swinburne who was present, dissents from this view. Works referred to in support of this theory are quite numerous, which you are advised to consult. As claimed by Dr. Burr, disceased had his first chill November 2d, the

second on the 8th, the third one would have been due 1266
on the 16th had he lived, but it occurred on the evening of the 15th which terminated with death. Drs. Burr and Orton believe that the malaria which poisoned deceased, and which finally terminated his life, was not wholly contracted in this vicinity, but had remained comparatively dormant in his system for perhaps a long period, and was finally awakened into life by some exciting cause or causes to them unknown. For a more detailed report of the propositions as accounting for death I refer you to the voluminous testimony which I hope will be placed at your disposal. Drs. Swinburne, Sherman and Bridges believe that deceased came to his death by a suicidal asphyxia, or syncopal asphyxia, and that 1267
it was accomplished by deceased while in a half stupified or drunken condition, by putting a cord or rope around his neck and suspending a weight of not over fifty pounds on the bracket of the head board of his bedstead. In this condition he would pass away without scarcely a struggle. These gentlemen claim that there would be just such post mortem appearances in a person coming to his death in this manner, as were disclosed in the autopsy upon deceased. They deny such appearances are common in persons dying of congestive chills. In further support of this theory they quote second paragraph of the autopsy of last November and Taylor's Medical Jurisprudence. They deny that congestive chills ever occur in this locality 1268
or that a person contracting malaria in a southern or western State in coming north or east ever develop into a congestive chill, and on the contrary believe that malarious poisoning, though being sufficiently potent in the south or west, assumes a milder form of malarial disease if that person so poisoned removes to the north. In Taylor's Medical Jurisprudence by Reese, page 434, he lays down this law. In all cases of fatal strangulation resulting from an act of suicide, the lesions by which such strangulation was produced, must be found upon the neck. Your verdict must be based upon the testi-

1269 mony, which has been taken at this inquest, and such deductions therefrom as are to your minds consistent with it, bearing this fact in your minds, however, that a person dying surrounded by his friends, is supposed to have died from natural causes. The burden of proof, therefore, rests with the reverse of the proposition. I hope you will give this case that careful earnest attention which it certainly deserves at your hands, keeping this ever before your minds, that in this duty you are to forget your friend and defy your enemy.

This case I submit for your action, the papers with the references, and here is a medical history of his case. The reference books are here, and here are the papers which I hope you will give full attention to.
1270 Perhaps it will be best, as it will take some time to refer to these papers, that you take the books, look them over, give them the time that you ask, and if you want to meet, or if the jury will invite me, I will call you together again when you are ready to return with the verdict. Here are the blanks which will probably aid you in making out your return of verdict.

Dr. Bassett: Will we be allowed to meet and adjourn from time to time, as we may deem necessary?

The Coroner: Yes, sir; I hope you will give all the time necessary; perhaps you had better make some arrangement to meet at some particular place where it will be handy for you to have the books, and consult
1271 them. And you invite me at any time, and I will call you together at some stated place whenever you are ready to announce your verdict.

Adjourned *sine die*.

LAST WILL AND TESTAMENT 1272

OF

WALTON DWIGHT.

I, Walton Dwight, of Windsor, Broome County, New York, being of sound mind and memory, and considering the uncertainty of life, do therefore make, ordain, publish and declare this to be my last will and testament.

First.—I direct, as soon after my death as practicable, that all debts made by me and unadjusted since May, 1877, and in no way including debts in bankruptcy (excepting from said bankrupt debts as specified in the schedule hereto attached), shall be paid in full from my estate. 1273

In addition, I direct that the amounts with interest specified in Schedule A, shall also be paid, unless discharged by me prior to my death. These amounts of indebtedness were made by me to the within named creditors after I had put up to the First National Bank of Binghamton, and other creditors, all the securities possessed either by myself or by my wife at that time, when we gave up everything we had in the world to our secured creditors; and they by forcing sale of said securities in the most depressed of times, and thereby not realizing one-half the value of the property, I consider that I have done all that was required of me, 1274 either as a christian or a gentleman; that I am not required morally or otherwise to make up a deficit caused by the ill judged and illiberal action of my several creditors; and that the laws of our land discharge an honest bankrupt, and it is right they should. To those who were unsecured I feel an honest obligation, and direct that the debts shall be discharged as above provided, unless I pay prior to my death.

1275 Schedule A, referred to in the foregoing:

James Dillon, $9; Almeron Johnson, $7.85; John O. Campbell, $2.63; John Kelly, $26.94; A. W. Carl, $1; D., L. W. Express Co., $5.99; William Kress, $2.40; Seth Marvin, $4.20; Geo. B. Hollister, $9.44; Otis & Brothers, $26; Mason, Pratt & Co., $1.75; F. B. Parmlee, $6; Holland & Bros., $90.68; D. L. Brownson, $261.88; John Franey, $101; Bartlett Bros., $18.20; Christ Church, Binghamton, $37.50; Newton & Davis, $16.36; Lawyer Bros., $55.10; T. P. Goodrich, $1.80; John D. Ames, $1.60; T. W. Whitney, $4.85; S. W. Barrett, $2; Benson & Gillespie, $12.95; R. H. Meagley, $20.05; Charles W. Sears, $21.10; Binghamton Gas Light Co., $237.20;
1276 Thomas Johnson, $32.40; Reynolds & Townsend, $14.63; Dr. T. L. Brown, $7.75; R. A. Ford, $30.50; L. D. V. Smith, $30.

Second.—I will and bequeath to my friends, Hon. O. W. Chapman and Hon. C. E. Martin, in part recognition of their substantial favors, and more than brotherly kindness toward me in the days of my travail, as follows: To O. W. Chapman, ten thousand dollars; to Celora E. Martin, five thousand dollars.

Third.—I will and bequeath to George L. Lyon, of the City of Binghamton, as a slight testimonial to him for unvarying courtesy and kindness to me for a series
1277 of years, while doing business in the office with which he is connected, the sum of one thousand dollars.

Fourth.—I will and bequeath to George B. Edwards, as a recognition of his faithfulness while in my service, and as a mark of kindly remembrance, the sum of one thousand dollars; this bequest is provisional, that is to say: the said George B. Edwards shall receive the same if he is so circumstanced at the time of my death that he can hold the said one thousand dollars for his own use and benefit. I direct my executors hereinafter named, in their discretion, to

hold and invest the same, and apply the income 1278
thereof to his personal use and benefit.

Fifth.—I will and bequeath to Neri Pine, as a mark of kindly esteem for his promptness in aiding me when I needed friends, the sum of one thousand dollars.

Sixth.—I will and bequeath to Ellen Carmady, in recognition of her faithfulness to us, and as a mark of friendly regard, the sum of one thousand dollars.

Seventh.—I will and bequeath to William Roberts, the Episcopal clergyman of Windsor, in recognition 1279
of his earnest christian work in my native town, and in the belief that he more needs practical assistance than any other clergyman in the County of Broome, owing to the small parish over which he labors, the sum of one thousand dollars

Eighth.—I will and bequeath to Dr. Titus L. Brown, as a mark of kindly regard, two hundred dollars. I also will and bequeath to my little friends, Gerry and Edith Jones, children of Gen. E. F. Jones, the sum of one hundred and fifty dollars each.

Ninth.—I will and bequeath to my uncle, Chester Dwight, provisionally, that is to say: to direct and 1280
for his own use and benefit, if he is so circumstanced at the time of my death that he can hold the same for the sole benefit of himself and family; should he be hampered with indebtedness or otherwise, so that this bequest would not go as designed, then I direct my executors and executrix to invest and pay over the said legacy in such a manner that the said Chester Dwight and his family may have the full benefit, as intended, the sum of two thousand dollars; and to my cousin, Hattie Dwight, in kindly remembrance, five hundred dollars.

1281 *Tenth.*—I will and bequeath to my aunt, Mary Dwight, of Coudersport, Potter County, Pa., for her sole use while living, and to be paid over to Orson Dwight or to his wife and children (in case of his death) at her death, or so much thereof as may be left, the sum of one thousand dollars.

Eleventh.—I will and bequeath to my uncle, Orson Dwight, of Alleghany, Potter County, Pa., the sum of two thousand dollars, for the sole use of his family; and this bequest is to be governed by the same provision as contained in the ninth subdivision of this will, and I direct that the money be received and invested by my friends, uncle Norman
1282 Dwight, of Hebron, Potter County, Pa., and Hon. A. C. Olmstead, of Coudersport, Pa.; and I direct also that my said friends, Dwight and Olmstead last named, invest the said one thousand dollars herein bequeathed to my aunt, Mary Dwight, in such a manner as shall best promote the comfort and future well being of my said uncle and aunt mentioned in subdivisions ten and eleven of this instrument; also I will and bequeath to Julia Whitford one thousand dollars, and make chargeable on my estate, to furnish her father and mother with a house and garden, rent not to exceed one hundred dollars per annum, for their lives.

1283 *Twelfth.*—I will and bequeath to John Dusenbury, of Portville, N. Y., the sum of seven hundred and fifty dollars, in recognition of his kindly and practical assistance in my days of need.

Thirteenth.—I will and bequeath to Edgar Dusenbury, of Portville, N. Y., the sum of seven hundred and fifty dollars, in recognition of kindly assistance, and as a mark of my regard.

Fourteenth.—I will and bequeath to my brother, Ward A. Dwight, and wife, of Chicago, Ills., the sum

of three thousand five hundred dollars, as a mark of 1284
brotherly regard, and in return for practical help given me when first starting after my financial misfortunes; I can never forget their kindness; and I also will and bequeath to them one-half interest in my "Burial Casket Patent," unless disposed of by me prior to my death.

Fifteenth.—I will and bequeath to my brother-in-law, Seymour Coleman, and my sister, Mrs. Seymour Coleman, the sum of fifteen hundred dollars, in recognition of their practical kindness and assistance towards me when friends were valuable, and in brotherly regard; and I will and bequeath to them also one-half interest in my "Burial Casket Patent," unless 1285
disposed of by myself prior to my death.

Sixteenth.—I will and bequeath to my brother-in-law, William Ayer, and to my sister Sarah, his wife, the sum of five hundred dollars, as a mark of brotherly remembrance.

Seventeenth.—I will and bequeath to my brother-in-law, T. F. McDonald, and to my sister Bessie, his wife, the sum of five hundred dollars, in brotherly remembrance; and I also will and bequeath to George Pratt, cashier First National Bank of Binghamton, N. Y., as a mark of esteem, and in kindly remembrance of our long and pleasant business and social 1286
relations, the sum of one thousand dollars.

Eighteenth.—I will and bequeath to my father-in-law and mother-in-law, George and Ruth Dusenbury, the sum of five hundred dollars (in case they survive me), more as a mark of deep and earnest regard to them for their unvarying kindness to me and mine than from any other motive. In case of their decease before mine, then this bequest to be void, as it will not then serve my purpose, which is simply to put on record my deep obligations to, and my earnest respect for, them.

1287 *Nineteenth.*—I will and bequeath to my brothers-in-law and sisters-in-law, as a mark of kindly remembrance, as follows: To Whitmore Dusenbury and wife, five hundred dollars; to John H. Dusenbury and wife, five hundred dollars; to the three children of Kate Rose, deceased, viz.: Mary, George and "Nan" five hundred dollars; to Edgar Dusenbury and wife, five hundred dollars; to Ruth Owen and her husband, five hundred dollars; to Sally Osborn and husband, five hundred dollars; to William Dusenbury, five hundred dollars. I will also, including these bequests, the following legacies to persons not related to me: To my little friend Hellen Hallock, of Binghamton, N. Y., the sum of five hundred dollars, to be invested by her
1288 mother for her use, should my death precede her becoming of legal age.

To William T. Chadbourne the sum of two hundred and fifty dollars, in kindly remembrance, and as slight testimonial of his honesty and faithfulness while in my employ.

To Mary Hart, wife of Henry J. Hart, in kindly remembrance and as a mark of respect for faithfulness and devotion to my interest while in the employ of the Dwight House, two hundred and fifty dollars.

To Jack Armstrong, colored, in kindly remembrance fifty dollars.

To Isaac Jenkins, colored, in kindly remembrance, fifty dollars.

1289 To my little friend Ralley, son of Henry and Addie Smith, to be held for him by his father, unless of legal age at the time of my death, the sum of two hundred and fifty dollars.

To my little friend Marie Sears, daughter of Charles Sears, in kindly remembrance, to be used for her own in the purchase of some little keep-sake, to remember the donor by, two hundred and fifty dollars.

Twentieth.—I will and bequeath to Hon. O. W. Chapman and Hon. Celora E. Martin and Egbert A. Clark, the sum of ten thousand dollars, in trust for the use and benefit of the deserving and needy poor of

the City of Binghamton. The said ten thousand dol- 1290
lars to be paid by my executors to the said trustees, who shall invest the said sum in perfectly safe farm mortgages, and the interest or income thereof shall annually on the first of December in each year, be paid over to a committee to be appointed by all the clergymen, ministers and priests who are residents of and have charge of a church or congregation, in the City of Binghamton, or a majority of them, embracing all denominations in assembly. The said committee shall expend or apply the interest or income of said legacy as follows: They shall provide and see that every needy and poor family, living in the city of Binghamton, be provided with a good and substantial Christmas dinner, confining this 1291
charity to no particular race, creed or color, but for the once in the year making God's poor happy with a full belly. Should the interest or income on said bequest be more than required for the above specified purpose, then the committee to expend the surplus in their discretion for the comforts that will most benefit the deserving poor. And the said trustees shall see that the said committee annually appointed by the clergymen in assembly as aforesaid, faithfully, honestly and impartially discharge the duty imposed upon them as above specified.

To the persons who shall be pastors of the four churches in Windsor village, my native town, at the 1292
time of my death, I give the sum of one thousand dollars, to be used by them for Sunday School books, or for such other purposes as they deem will best serve their respective churches, to wit:

To the Methodist Episcopal Church, two hundred and fifty dollars.

To the Presbyterian Church, two hundred and fifty dollars.

To the Free Methodist Church, two hundred and fifty dollars

To the Episcopal Church, two hundred and fifty dollars.

1293 To Hon. William B. Edwards, Hon. C. E. Martin and Stephen C. Millard, Esq., I give and bequeath the sum of seven thousand five hundred dollars, in trust for the use of the Binghamton Library Association. I direct said Trustees to spend twenty-five hundred dollars as soon after this bequest is paid to them as practicable, for such books as in their judgment are most needed, the balance five thousand dollars to be invested by them, and the interest, annual or semi-annual (as the case may be) to be expended for library purposes, in the discretion of the said Trustees.

To the press of Binghamton, one thousand dollars, in kindly recollection of their always earnest efforts to assist me in the promotion of any project that would
1294 work to the future interest of the City. And I appoint Abram W. Carl of the *Leader*, Peter Van Vradenburg, of the *Republican*, and George Lawyer of the *Democrat*, as Trustees for such fund. The annual interest to be used for a yearly banquet or dinner for the editors, foremen, and such other guests as they may choose to invite, with the hope that the same may tend to promote a kindly feeling towards each other, and a pleasant recollection of the donor.

To the Fire Department of the City of Binghamton, in friendly remembrance for their always kindly acts toward me and mine at all times and on all occasions, the sum of five thousand dollars; and I hereby appoint Tracy R. Morgan, Neri Pine and George F. Lyon, Trustees to take charge of such fund, to be
1295 safely invested by them; and the annual interest to be paid over to a committee of the fire department and devoted to an annual dinner or banquet for the whole department, with hope on the part of the donor that such meeting may tend to the unity and happiness of the recipients.

Twenty-first.—To my much loved and only son, Frank Dwight, instead of bequests, I have caused my life to be insured directly to him, in the sum of fifty thousand dollars, and I propose to increase the said amount to seventy-five thousand dollars. I de-

sire and direct that in case of my death while my son 1296
is under legal age, that his mother, Anna N. Dwight, shall be appointed his general guardian, with full power to act for him always ; having full control of his property and person until he becomes of legal age. I also desire and request my friends Orlow W. Chapman and Celora E. Martin to act as advisors and counsellors to my wife and boy, and would suggest as investment of his estate in sound farm mortgages, or registered Government bonds. Safety in this case will be more desirable than large per cents ; and a sound and practical bringing up of my boy is more desirable than any frothy brilliancy of style, that he may grow up to be a man in the broad acceptation of the word has always been my earnest wish. 1297

Twenty-second.—To Anna N. Dwight, my darling wife, the best and truest of women, in addition to about twelve thousand dollars insured directly to her on my life, I give, devise and bequeath to her everything of which I die possessed, both real and personal, after deducting from my estate the bequests made in this will, from subdivisions one to twenty inclusive, for her own use and disposal, absolutely and forever ; provisionally, that is to say : If my said wife, Anna N. Dwight, at the time of my death, is free from all indebtedness or has not a greater amount than the said twelve thousand dollars insured on my life direct to her, will discharge, or if she, under the laws of our land in bankruptcy, gets a discharge from all indebt- 1298
edness, or if by compounding or settlement, directly giving her creditors everything of which she is possessed prior to my death, she can wipe out and fully liquidate all claims against her, then the bequest made in the fore part of this subdivision to Anna N. Dwight shall be of full force, and she shall have and hold the same for her own use and benefit. But in case my wife, Anna N. Dwight, is unable to make full and complete settlement with her creditors, by giving up all of which she is possessed prior to my death, or is unable to obtain her discharge from the same in the bankruptcy

courts of our land, then the bequest made to Anna N. Dwight in the fore part of this subdivision shall be null and void and of no force; and I direct that the portion of my estate covered by the said bequest, less the twelve thousand dollars on my life to her shall be paid over to my son, Frank Dwight, if of legal age at the time of my death, if not of legal age, I direct that it be paid over to his guardian and held for him until he arrives at legal age, or until such time after his legal age as in the judgment of his guardian and her advisors and counsellors herein named, it shall be best for him to receive the same, if owing to the failure of Anna N. Dwight to get her legal discharge as aforementioned, and this bequest aforementioned should go to my son Frank in accordance with this my will. I charge my son Frank to always so treat this bequest that his mother shall never have cause to regret the change in the disposition of the bequest as he hopes for happiness here and hereafter. I, his father, so charge him. In case of the death of both my wife and son, prior to my own, then I direct that the balance of my estate, after first doubling all the bequests, shall be held by a committee, formed of three leading lawyers of the City of Binghamton, to be appointed by the General Term of the Supreme Court, to use for purely charitable objects for the City of Binghamton; or at the option of the said committee, one-half of said amount may be used to increase and enlarge the library of the Binghamton Library Association.

Twenty-third.—I desire and do hereby constitute and appoint my wife, Anna N. Dwight, and my friends Hon. Orlow W. Chapman and George F. Lyon, of Binghamton, N. Y., to be executrix and executors of this my last will and testament; and that after my estate is duly settled that either or both of the executors, and my friend Hon. C. E. Martin, shall always, during their lives, act as advisors and counsellors to my wife and boy.

Twenty-fourth.—In case of the death of any person mentioned in No. 1 to 20 prior to my own, and such

persons shall leave neither wife or children, then, in 1302
each such case the bequests shall be null and void, and shall not be paid, but pass to the remaining legatees; my intention being to go no further than the wife and children, therefore beyond such legal heirs are not included. In case of all bequests the expenses of guardians or trustees (in caring for my son Frank in case he is not of legal age at my death, or has not received the bequest in accordance with this my will), and in investing and taking care of said funds, shall be paid (her or them), from the income of said fund such amounts for services for each year shall be agreed upon by my executrix and executors, or a majority of them, as shall seem to them a fair compensation for services so rendered, in all acts of my executrix and 1303
executors I contemplate the legality and binding force, provided there is always the action of one executor in connection with the executrix. In case guardian, executor or trustee should die before me, or decline to serve, then I direct that such vacancy should be filled by appointment by three justices of the Supreme Court of this district, and such appointees shall have as full power as those named in this will.

Twenty-fifth.—This my last will and testament is made on the basis of the present value of my estate in case of death at this date. My estate is made up almost entirely of life insurance, which amount I do not propose to ever materially lessen. I have lived to that age, and been subject to such experience, that I 1304
have no further ambition for myself beyond leaving my family comfortable, and with sufficient means to enable them to live as they were in the habit of heretofore, and also in making such friendly bequests to those who are endeared to me from association and kindly acts as will leave pleasent memories behind me when I start on the long journey. I find, in looking over the past of my business life, while working and doing business for profit, I averaged upwards of thirty thousand dollars a year; my home or Binghamton enterprise was not started or

executed for profit, but with a view of doing something worthy of the City and myself. It resulted in financial failure and the loss of all my accumulations for years. Since my failure in this enterprise, with no capital worth mentioning to start with, I have averaged over ten thousand dollars for twelve months. Judging from this and from the past, I apprehend no difficulty in a return from ten to twenty thousand dollars a year for my work, when acting strictly for gain. I have, therefore, made this, my last will and testament, fully believing that I can keep the premiums upon the present amount of life insurance I am carrying, and that my estate will not lessen in the future from its present value. If, however, sickness or any other cause should destroy my ability to pay my life insurance premiums, and thereby lessen the present value of my estate, then all the bequests mentioned in this, my will, should be scaled down in exact proportion to the difference as between the present value of my estate and the value of the same at the time of my death ; but no increase of my estate on account of increase by accumulated profits on life policies, or an increase of insurance, shall increase any bequest. And I direct, in the final execution and settlement of this, my last will and testament, that the foregoing shall govern the size of the bequests, namely : If my estate has not lessened from its present volume at this date at the time of my death, then the bequests afore made to be paid in full ; but in case of lessening of estate at time of my death, then the bequests to be governed by the exact rates they bear to the estate then as now, and to be scaled down accordingly.

Twenty-sixth.—I desire that my body shall be buried in our lot in the Spring Forest Cemetery, Binghamton, N. Y., and that in whatever part of the country I may pay the debt of nature, this, my request, shall be fulfilled if practicable. My most disinterested business efforts in life were made for the good and well-being of the City of Binghamton, and whatever

the results may have been, I believe that a large 1308
majority of the good citizens appreciate my good intents, even though resulting in partial failure. I, therefore, wish to rest amongst them.

In witness whereof, I have hereunto subscribed my name and affixed my seal, the day of September, in the year of our Lord, one thousand eight hundred and seventy-eight.

[SEAL.] WALTON DWIGHT.

The above written instrument was subscribed by the said Walton Dwight in our presence, and in the presence of each of us, and acknowledged by him to each of us, and he, at the same time, declared the above 1309
instrument so subscribed to be his last will and testament, and we, at his request, have signed our names as witnesses hereto in his presence, and in the presence of each other, and written opposite our names and respective places of residence.

B. N. LOOMIS,
Of Binghamton,
Broome Co., N. Y.

CHAS. W. LOOMIS,
Binghamton, N. Y.